

ROLL CHANGE FORM
(Attach Any Calculations)

(1)

Effective Date: 2-8-19

Employee Name: Mary Sanchez Emp. No: _____ Hourly ☒
 Position Hired: _____ Salary ☐
 Employee Dept: _____ Dept. No. _____ Elected ☐
 Hire Date: _____ Retirement Date: _____ Appointed ☐
 Termination Date: _____ Final Termination Check: _____ Re-hire ☐

Beginning Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____
 Change Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____

Withholding Changes on W-4: (Attach W-4): _____

Changes To Deductions:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
BCBS Health Ins:	_____	_____	County	AFLAC:	_____
BCBS Health Ins:	_____	_____	Employee	Child Support:	_____
Ameritas Vision Ins:	_____	_____	County	Student Loan:	_____
Ameritas Vision Ins:	_____	_____	Employee	Deferred Comp:	_____
Life Insurance:	_____	_____		Other:	_____

Adjustment To Leave Time:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
Comp:	_____	_____	Vac:	_____	_____	Sick:	<u>45.62</u>	<u>37.62</u>
Comp Change:	_____	_____	Vac. Change:	_____	_____	Sick Change:	<u><8></u>	_____
Holiday Bonus:	_____	_____	Paid Holiday:	_____	_____	Personal:	_____	_____
HB Change:	_____	_____	PH Change:	_____	_____	Pers. Change:	_____	_____

Adjustment To Pay:	<u>Hours</u>	<u>Rate</u>		<u>Hours</u>	<u>Rate</u>		<u>Hours</u>	<u>Rate</u>
Straight Time:	_____	_____	Overtime:	_____	_____	Transport:	_____	_____
	<u>Dollar Amt</u>			<u>Dollar Amt</u>			<u>Dollar Amt</u>	
Psych Eval: \$	_____		Physical: \$	_____		Other: \$	_____	

Comp Time Pay Out:

Threshold Pay Out: _____ Termination Pay Out: _____ Hours: _____ Rate: _____

Vacation Pay Out Due To Termination:

Hours: _____ Rate: _____

Holiday Bonus Pay Out Due to Termination:

Hours: _____ Rate: _____

Leave of Absence With Pay/Without Pay (Circle one)

Family Leave: _____	Beg. Date: _____ thru _____
Medical: _____	Beg. Date: _____ thru _____
Worker's Comp: _____	Beg. Date: _____ thru _____
Law Enf. WC: _____	Beg. Date: _____ thru _____
Option To Terminate After 12 weeks of Worker's Comp: _____	Date: _____

Explanation: Donated to Sick Leave Pool

Approved by Treasurer: _____
(Signature & Date)

**DEFENDANT'S
EXHIBIT**

Revised:
6/11/2018

**PRESIDIO COUNTY SICK LEAVE POOL
MEMBERSHIP APPLICATION**

Membership in the Presidio County Sick Leave Pool is available to all full-time employees who accrue sick leave benefits and have been employed for at least 12 months.

I have read the rules and guidelines in the Presidio County Sick Leave Pool Policy concerning The Pool and desire to become a member by donating one (1) to five (5) sick leave days to the Pool.

I understand that these days, once donated to the Pool for membership will be subtracted from my available sick leave days. All donations to the Pool become the property of the Pool and cannot be returned even upon cancellation of membership.

My authorization to deduct days from my accumulated sick leave is verified by my signature below.

Employee Mary Sanchez Department Tail
(Print Full Name)

Social Security Number _____ Number of days to be donated 1 (one)
Mary Sanchez 1-23-19
Signature Date

I have read the above information concerning the County's Sick Leave Pool and I do not wish to become a member.

Signature

Date

Social Security Number

Department

Aflac™ PREMIUM DEDUCTION AUTHORIZATION/WAIVER OF PARTICIPATION

Employee's name **SANCHEZ, MARY C**

Last

First

MI

SSN/Emp. ID **000-00-0000**

I hereby authorize my employer:

PRESIDIO COUNTY

employer Payroll Account No. **58205**, to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance policy(ies) purchased through Aflac. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings.

In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next policy(ies) anniversary date(s), unless due to a change in family status and permitted by my employer.

Signature of
Applicant

Date

WAIVER OF PARTICIPATION

I certify that the features and benefits of Aflac's guaranteed-renewable insurance policies have been explained to me completely.

I understand that these policies are offered through my employer by payroll deduction.

☒ I am NOT currently an Aflac policyholder and have decided to waive my opportunity to participate at this time.

☐ I am currently an Aflac policyholder and have decided not to upgrade to any newer policies at this time.

EMPLOYEE
SIGNATURE*Mary Sanchez*DATE **11/30/2018**

Insurance Agent/Producer

GLASSCOCK, JAMES

Date

11/27/2018

Insurance Agent/Producer's Writing No.

J4926

Insurance Agent/Producer's Phone No.

(432) 294-0972

Dept. No. _____

Location _____

Date of first deduction _____

Deduction Mode ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☒ Monthly

	OLD		NEW	
	AFTER-TAX	PRE-TAX	AFTER-TAX	PRE-TAX
<input type="checkbox"/> Other _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Specified-Disease (Cancer) _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Return of Premium Rider _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Dental _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Vision _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> LTC _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Hospital Intensive Care _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Specified Health Event _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Hospital Confinement Indemnity _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Accident _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Disability Rider _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Short-Term Disability _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Life _____	_____	_____	_____	_____
Employee	\$ _____	_____	\$ _____	_____
Dependent	\$ _____	_____	\$ _____	_____
TOTAL	\$ \$0.00	\$0.00	\$ \$0.00	\$0.00

The amount of deduction and frequency thereof shall be determined by my employer and based on a plan that will comply with the payment checked above.

Payroll Account

M0083B

American Family Life Assurance Company of Columbus (Aflac) • Worldwide Headquarters • Columbus, GA 31999

4/07

PC 00003

EMPLOYER CAFETERIA PLAN SALARY REDIRECTION/REDUCTION AGREEMENT

EMPLOYER: PRESIDIO COUNTYEMPLOYER'S TAX ID NUMBER: 746001889

AFFILIATE'S NAME/LOCATION: _____

AFFILIATE'S TAX ID NUMBER: _____

Flex One® FSA? ☒ Yes ☐ NoCAFETERIA PLAN YEAR: 1/1/2019 - 12/31/2019(CHECK ONE) ☒ OPEN ENROLLMENT OR ☐ NEWLY ELIGIBLE EMPLOYEE, ELIGIBILITY DATE: / / SOCIAL SECURITY NO.: 000000000DATE OF BIRTH / / PHONE: 4327294911NAME: (Last) SANCHEZ(First) MARY(Middle Initial) CSTREET ADDRESS: PO BOX 1361CITY: MARFASTATE: TXZIP: 79843

E-MAIL: _____

No. of Payroll Cycles in Plan Year: _____ Date of first deduction: 1/10/2019 Payroll Mode: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☒ Monthly

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution and/or Flexible Spending Account(s) (FSA) election amounts will be deducted from my paycheck by my employer or Third Party Payroll Administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage and/or FSA account election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement. Amounts corresponding to "employer-provided" non-elective benefits (if any) will not be deducted from my paycheck. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible Benefits Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Flexible Benefits Plan relating to the same benefits as selected below are hereby revoked. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

Check the desired coverage(s) below. (Note: If this is an annual enrollment, your existing coverage elections will remain the same (as adjusted for any increase/decrease in premium or required contribution) except as indicated below.)

	<u>Pre-tax</u>	<u>After-tax</u>		<u>Pre-tax</u>	<u>After-tax</u>
Medical Coverage	_____	_____	Accident Insurance	_____	_____
Dental Insurance	_____	_____	Short-Term Disability Insurance	_____	_____
Vision Care Insurance	_____	_____	Long-Term Disability Insurance	_____	_____
Cancer Insurance	_____	_____	Hospital Indemnity Insurance	_____	_____
Intensive Care Insurance	_____	_____	Personal Sickness Indemnity	_____	_____
Specified-Health Event	_____	_____	Health Savings Account (HSA) \$223	_____	_____
Group Term Life Insurance	_____	_____	Other accident or health plan(s) under Section	_____	_____
(if family, must be after-tax)	_____	_____	106 of the Internal Revenue Service Code	_____	_____
			List: _____		

Complete the following section only if participating in a Medical or Dependent Care Reimbursement Plan:

Medical FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election
 Dependent Care FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election

Required acknowledgment to participate in Flexible Benefits Plans:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. By initialing, I acknowledge that I understand the important information regarding participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

INITIAL

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN:

I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the plan.

INITIAL

ms

EMPLOYEE'S SIGNATURE: Mary SanchezDATE: 11/30/2018

PAYROLL CHANGE FORM

(Attach Any Calculations)

Effective Date: 12-1-18

Employee Name: Mary Janeley Emp. No: _____ Hourly ☐
 Position Hired: _____ Salary ☐
 Employee Dept: _____ Dept. No. _____ Elected ☐
 Hire Date: _____ Retirement Date: _____ Appointed ☐
 Termination Date: _____ Final Termination Check: _____ Re-hire ☐
 Beginning Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____
 Change Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____

Withholding Changes on W-4: (Attach W-4): _____

Changes To Deductions:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
BCBS Health Ins:	<u>371.70</u>	<u>269.27</u>	County	AFLAC:	_____
BCBS Health Ins:	<u>104.77</u>	<u>103.85</u>	Employee	Child Support:	_____
Ameritas Vision Ins:	_____	_____	County	Student Loan:	_____
Ameritas Vision Ins:	_____	_____	Employee	Deferred Comp:	_____
Life Insurance :	_____	_____		Other:	_____

Adjustment To Leave Time:

<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>
Comp: _____	_____	Vac: _____	_____	Sick: _____	_____
Comp Change: _____	_____	Vac. Change: _____	_____	Sick Change: _____	_____
Holiday Bonus: _____	_____	Paid Holiday: _____	_____	Personal: _____	_____
HB Change: _____	_____	PH Change: _____	_____	Pers. Change: _____	_____

<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>
Straight Time: _____	_____	Overtime: _____	_____	Transport: _____	_____
<u>Dollar Amt</u>		<u>Dollar Amt</u>		<u>Dollar Amt</u>	
Psych Eval: \$ _____		Physical : \$ _____		Other: \$ _____	

Comp Time Pay Out:

Threshold Pay Out: _____ Termination Pay Out: _____ Hours: _____ Rate: _____

Vacation Pay Out Due To Termination:

Hours: _____ Rate: _____

Holiday Bonus Pay Out Due to Termination:

Hours: _____ Rate: _____

Leave of Absence With Pay/Without Pay (Circle one)

Family Leave: _____	Beg. Date: _____ thru _____
Medical: _____	Beg. Date: _____ thru _____
Worker's Comp: _____	Beg. Date: _____ thru _____
Law Enf. WC: _____	Beg. Date: _____ thru _____
Option To Terminate After 12 weeks of Worker's Comp: _____ Date: _____	

Explanation: New insurance rates effective Dec. 1, 2018

Approved by Treasurer: _____

(Signature & Date)

Revised:
6/11/2018

PC 00005

PAYROLL CHANGE FORM
(Attach Any Calculations)

Effective Date: 10-1-18

Employee Name: Mary Sanchez Emp. No: _____ Hourly ☒
 Position Hired: _____ Salary ☐
 Employee Dept: _____ Dept. No. _____ Elected ☐
 Hire Date: _____ Retirement Date: _____ Appointed ☐
 Termination Date: _____ Final Termination Check: _____ Re-hire ☐

Beginning Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ 21.15 Daily Rate: \$ _____
 Change Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ 21.16 Daily Rate: \$ _____

Withholding Changes on W-4: (Attach W-4): _____

Changes To Deductions:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
BCBS Health Ins:	_____	_____	County	AFLAC:	_____
BCBS Health Ins:	_____	_____	Employee	Child Support:	_____
Ameritas Vision Ins:	_____	_____	County	Student Loan:	_____
Ameritas Vision Ins:	_____	_____	Employee	Deferred Comp:	_____
Life Insurance :	_____	_____		Other:	_____

Adjustment To Leave Time:

<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>
Comp: _____	_____	Vac: _____	_____	Sick: _____	_____
Comp Change: _____	_____	Vac. Change: _____	_____	Sick Change: _____	_____
Holiday Bonus: _____	_____	Paid Holiday: _____	_____	Personal: _____	_____
HB Change: _____	_____	PH Change: _____	_____	Pers. Change: _____	_____

<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>
Straight Time: _____	_____	Overtime: _____	_____	Transport: _____	_____
<u>Dollar Amt</u>		<u>Dollar Amt</u>		<u>Dollar Amt</u>	
Psych Eval: \$ _____		Physical : \$ _____		Other: \$ _____	

Comp Time Pay Out:

Threshold Pay Out: _____ Termination Pay Out: _____ Hours: _____ Rate: _____

Vacation Pay Out Due To Termination:

Hours: _____ Rate: _____

Holiday Bonus Pay Out Due To Termination:

Hours: _____ Rate: _____

Leave of Absence With Pay/Without Pay (Circle one)

Family Leave: _____	Beg. Date: _____ thru _____
Medical: _____	Beg. Date: _____ thru _____
Worker's Comp: _____	Beg. Date: _____ thru _____
Law Enf. WC: _____	Beg. Date: _____ thru _____
Option To Terminate After 12 weeks of Worker's Comp: _____	Date: _____

Explanation: _____

Approved by Treasurer: Francis Garcia 10/1/18
 (Signature & Date)

Revised:
6/11/2018

PC 00006

PAYROLL CHANGE FORM

(Attach Any Calculations)

Effective Date: 8/21/18

Employee Name: Mary Sanchez Emp. No: _____ Hourly ☐
 Position Hired: Records clerk Salary ☐
 Employee Dept: faib Dept. No. 195 Elected ☐
 Hire Date: _____ Retirement Date: _____ Appointed ☐
 Termination Date: _____ Final Termination Check: _____ Re-hire ☐

Beginning Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____
 Change Salary Amount: \$ 0 Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____

Withholding Changes on W-4: (Attach W-4): _____

Changes To Deductions:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
BCBS Health Ins:	_____	_____	County	AFLAC:	_____
BCBS Health Ins:	_____	_____	Employee	Child Support:	_____
Ameritas Vision Ins:	_____	_____	County	Student Loan:	_____
Ameritas Vision Ins:	_____	_____	Employee	Deferred Comp:	_____
Life Insurance :	_____	_____		Other:	_____

Adjustment To Leave Time:

<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>
Comp: _____	_____	Vac: _____	_____	Sick: _____	_____
Comp Change: _____	_____	Vac. Change: _____	_____	Sick Change: _____	_____
Holiday Bonus: _____	_____	Paid Holiday: _____	_____	Personal: _____	_____
HB Change: _____	_____	PH Change: _____	_____	Pers. Change: _____	_____

<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>
Straight Time: _____	_____	Overtime: _____	_____	Transport: _____	_____
<u>Dollar Amt</u>		<u>Dollar Amt</u>		<u>Dollar Amt</u>	
Psych Eval: \$ _____		Physical: \$ _____		Other: \$ _____	

Comp Time Pay Out:

Threshold Pay Out: _____ Termination Pay Out: _____ Hours: _____ Rate: _____

Vacation Pay Out Due To Termination:

Hours: _____ Rate: _____

Holiday Bonus Pay Out Due to Termination:

Hours: _____ Rate: _____

Leave of Absence With Pay/Without Pay (Circle one)

Family Leave: _____	Beg. Date: _____ thru _____
Medical: _____	Beg. Date: _____ thru _____
Worker's Comp: _____	Beg. Date: _____ thru _____
Law Enf. WC: _____	Beg. Date: _____ thru _____
Option To Terminate After 12 weeks of Worker's Comp: _____	Date: _____

Explanation: Full Time records clerk

Approved by Treasurer: _____
 (Signature & Date)

Revised:
 6/11/2018

PC 00007

PAYROLL CHANGE FORM
(Attach Any Calculations)

Effective Date: 8-27-18Employee Name: MARY SANCHEZ

Emp. No: _____

Hourly ☒Position Hired: RECORDS CLERKSalary ☒Employee Dept: JAILDept. No. 195Elected ☐Hire Date: 8-27-18

Retirement Date: _____

Appointed ☐

Termination Date: _____

Final Termination Check: _____

Re-hire ☐Beginning Salary Amount: \$ 0

Effective Date: _____

Hourly Rate: \$ 21.15

Daily Rate: \$ _____

Change Salary Amount: \$ 804.47

Effective Date: _____

Hourly Rate: \$ _____

Daily Rate: \$ _____

Withholding Changes on W-4: (Attach W-4): _____

Changes To Deductions:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
BCBS Health Ins:	_____	_____	County	AFLAC:	_____
BCBS Health Ins:	_____	_____	Employee	Child Support:	_____
Ameritas Vision Ins:	_____	_____	County	Student Loan:	_____
Ameritas Vision Ins:	_____	_____	Employee	Deferred Comp:	_____
Life Insurance :	_____	_____		Other:	_____

Adjustment To Leave Time:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
Comp:	_____	_____	Vac:	_____	_____	Sick:	_____	_____
Comp Change:	_____	_____	Vac. Change:	_____	_____	Sick Change:	_____	_____
Holiday Bonus:	_____	_____	Paid Holiday:	_____	_____	Personal:	_____	_____
HB Change:	_____	_____	PH Change:	_____	_____	Pers. Change:	_____	_____

Adjustment To Pay:	<u>Hours</u>	<u>Rate</u>		<u>Hours</u>	<u>Rate</u>		<u>Hours</u>	<u>Rate</u>
Straight Time:	_____	_____	Overtime:	_____	_____	Transport:	_____	_____
	<u>Dollar Amt</u>			<u>Dollar Amt</u>			<u>Dollar Amt</u>	
Psych Eval: \$	_____		Physical : \$	_____		Other: \$	_____	

Comp Time Pay Out:

Threshold Pay Out: _____ Termination Pay Out: _____ Hours: _____ Rate: _____

Vacation Pay Out Due To Termination:

Hours: _____ Rate: _____

Holiday Bonus Pay Out Due to Termination:

Hours: _____ Rate: _____

Leave of Absence With Pay/Without Pay (Circle one)

Family Leave: _____

Beg. Date: _____ thru _____

Medical: _____

Beg. Date: _____ thru _____

Worker's Comp: _____

Beg. Date: _____ thru _____

Law Enf. WC: _____

Beg. Date: _____ thru _____

Option To Terminate After 12 weeks of Worker's Comp: _____ Date: _____

Explanation:

Pay 1 week of old salary. Transferred to jail & will pay 1 week new rate.

Approved by Treasurer: Frances Garcia

(Signature & Date)

Revised:
6/11/2018

PC 00008

Presidio County Sheriff's Office

Danny C. Domínguez

Sheriff

Aug 24, 2018

Treasurer: Frances Garcia

Jail Administrator: Gracie Parras

Effective Aug 27, 2018, Mary K Sanchez, DOB [REDACTED] SS [REDACTED] will be employed with Presidio County Jail as Records Clerk. Her hourly rate of pay will be \$21.15

Gracie Parras

Gracie Parras

Jail Administrator

AflacTM PREMIUM DEDUCTION AUTHORIZATION/WAIVER OF PARTICIPATION

Employee's name **SANCHEZ, MARY**

last

First

MI

SSN/Emp. ID **000-00-0000**

I hereby authorize my employer:

PRESIDIO COUNTYemployer Payroll Account No. **58205**

to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance policy(ies) purchased through Aflac. In the event of a rate change, authorize a corresponding change in the amount deducted from my earnings.

In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next policy(ies) anniversary date(s), unless due to a change in family status and permitted by my employer.

Signature of Applicant

Date

WAIVER OF PARTICIPATION

I certify that the features and benefits of Aflac's guaranteed-renewable insurance policies have been explained to me completely.

I understand that these policies are offered through my employer by payroll deduction.

☒ I am NOT currently an Aflac policyholder and have decided to waive my opportunity to participate at this time.

☐ I am currently an Aflac policyholder and have decided not to upgrade to any newer policies at this time.

EMPLOYEE SIGNATURE

ON FILEDATE **12/19/2016**

Dept. No. _____

Location _____

Date of first deduction _____

Deduction Mode ☐ Weekly ☐ Biweekly ☐ Semimonthly ☒ Monthly

	OLD		NEW	
	AFTER-TAX	PRE-TAX	AFTER-TAX	PRE-TAX
<input type="checkbox"/> Other _____			\$ _____	
<input type="checkbox"/> Specified Disease (Cancer) _____	\$ _____		\$ _____	
<input type="checkbox"/> Return of Premium Rider _____	\$ _____		\$ _____	
<input type="checkbox"/> Dental _____	\$ _____		\$ _____	
<input type="checkbox"/> Vision _____	\$ _____		\$ _____	
<input type="checkbox"/> LTC _____	\$ _____		\$ _____	
<input type="checkbox"/> Hospital Intensive Care _____	\$ _____		\$ _____	
<input type="checkbox"/> Specified Health Event _____	\$ _____		\$ _____	
<input type="checkbox"/> Hospital Confinement Indemnity _____	\$ _____		\$ _____	
<input type="checkbox"/> Accident _____	\$ _____		\$ _____	
<input type="checkbox"/> Disability Rider _____	\$ _____		\$ _____	
<input type="checkbox"/> Short-Term Disability _____	\$ _____		\$ _____	
<input type="checkbox"/> Life _____				
Employee	\$ _____		\$ _____	
Dependent	\$ _____		\$ _____	
TOTAL	\$ \$0.00	\$0.00	\$ \$0.00	\$0.00

The amount of deduction and frequency thereof shall be determined by my employer and based on a plan that will comply with the payment checked above.

Payroll Account

Insurance Agent/Producer

GLASSCOCK, JAMES B

Date

1/27/2017

Insurance Agent/Producer's Writing No.

J4926

Insurance Agent/Producer's Phone No.

(432) 294-0972

M0083B

American Family Life Assurance Company of Columbus (Aflac) • Worldwide Headquarters • Columbus, GA 31999

4/07

PC 00010

EMPLOYER CAFETERIA PLAN SALARY REDIRECTION/REDUCTION AGREEMENT

EMPLOYER: PRESIDIO COUNTYEMPLOYER'S TAX ID NUMBER: 746001689

AFFILIATE'S NAME/LOCATION: _____

AFFILIATE'S TAX ID NUMBER: _____

Flex One® FSA? ☒ Yes ☐ NoCAFETERIA PLAN YEAR: 1/1/2017 - 12/31/2017(CHECK ONE) ☒ OPEN ENROLLMENT OR ☐ NEWLY ELIGIBLE EMPLOYEE, ELIGIBILITY DATE: ____/____/____SOCIAL SECURITY NO.: 000000000DATE OF BIRTH:

PHONE: () _____

NAME: (Last) SANCHEZ(First) MARY

(Middle Initial) _____

STREET ADDRESS: PO BOX 1361CITY: MARFASTATE: TXZIP: 79845

E-MAIL: _____

No. of Payroll Cycles in Plan Year: _____ Date of first deduction: 1/1/2017 Payroll Mode: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☒ Monthly

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution and/or Flexible Spending Account(s) (FSA) election amounts will be deducted from my paycheck by my employer or Third Party Payroll Administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage and/or FSA account election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement. Amounts corresponding to "employer-provided" non-elective benefits (if any) will not be deducted from my paycheck. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible Benefits Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Flexible Benefits Plan relating to the same benefits as selected below are hereby revoked. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

Check the desired coverage(s) below. (Note: If this is an annual enrollment, your existing coverage elections will remain the same (as adjusted for any increase/decrease in premium or required contribution) except as indicated below.)

	Pre-tax	After-tax		Pre-tax	After-tax
Medical Coverage	_____	_____	Accident Insurance	_____	_____
Dental Insurance	_____	_____	Short-Term Disability Insurance	_____	_____
Vision Care Insurance	_____	_____	Long-Term Disability Insurance	_____	_____
Cancer Insurance	_____	_____	Hospital Indemnity Insurance	_____	_____
Intensive Care Insurance	_____	_____	Personal Sickness Indemnity	_____	_____
Specified-Health Event	_____	_____	Health Savings Account (HSA) \$223	_____	_____
Group Term Life Insurance	_____	_____	Other accident or health plan(s) under Section	_____	_____
(If family, must be after-tax)	_____	_____	106 of the Internal Revenue Service Code	_____	_____
			List:		

Complete the following section only if participating in a Medical or Dependent Care Reimbursement Plan:

Medical FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election
 Dependent Care FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election

Required acknowledgment to participate in Flexible Benefits Plans:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. By initialing, I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

INITIAL _____

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN:

I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the plan.

INITIAL MSEMPLOYEE'S SIGNATURE: DN FILEDATE: 12/19/2016

Presidio County Treasurer

September 6, 2016

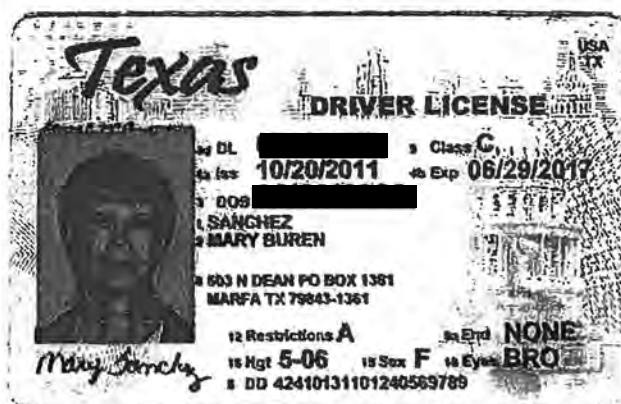
There was an overpayment on my salary when payroll went from bi-monthly to every 2 weeks. I understand that it will be deducted from my check for 12 ^{pay checks} months. Also, I understand that if I leave employment with Presidio County, the balance of the overpayment will be deducted in full on my last check.

Thank you

Mary "Katie" Sanchez

\$113.96 per check mkb
beginning 9-9-16 + ending
2-10-17.

mkb 1367.48 Total



COUNTY OF PRESIDIO PAYROLL ACCOUNT
 MARFA, TEXAS 79843

EMPLOYEE NAME		SOCIAL SECURITY	
SANCHEZ, MARY			
CHECK NO.	DATE	EMPLOYEE NO.	
0046886	07/01/2016	0116 0748	
HOURS OF LEAVE	EARNED	USED	BALANCE
VACATION	0.00	47.01	23.28
SICK LEAVE	0.00	56.25	59.04

SANCHEZ, MARY
 PO BOX 1361
 MARFA TX 79843

PAY	THIS PERIOD	YEAR TO DATE
OMB DEPARTMENT HEAD	1,623.96	21,111.48
TAXES	THIS PERIOD	YEAR TO DATE
F.I.C.A.	124.24	1,615.12
Federal Withholding	203.89	2,563.45
DEDUCTIONS	THIS PERIOD	YEAR TO DATE
TAC HEBP	112.76	1,465.88
RETIREMENT	97.44	1,266.72
AMERITAS VISION	3.88	50.44
SUMMARY	THIS PERIOD	YEAR TO DATE
Gross Pay	1,623.96	21,111.48
Taxes	328.13	4,178.57
Deductions	214.08	2,783.04
Net Pay	1,081.75	14,149.87
Hours	0.00	

COUNTY OF PRESIDIO
 P.O. BOX 1055 - MARFA, TEXAS 79843

DIRECT DEPOSIT TO THE ACCOUNT OF

MARY SANCHEZ
 PO BOX 1361
 MARFA TX 79843

DATE
 07/01/2016

AMOUNT
\$*****1,081.75

BANK NO.	ACCOUNT NO.
112304733	1323426

NON-NEGOTIABLE
COUNTY OF PRESIDIO PAYROLL ACCOUNT
 MARFA, TEXAS 79843

EMPLOYEE NAME		SOCIAL SECURITY	
SANCHEZ, MARY			
CHECK NO.	DATE	EMPLOYEE NO.	
0046886	07/01/2016	0116 0748	
HOURS OF LEAVE	EARNED	USED	BALANCE
VACATION	0.00	47.01	23.28
SICK LEAVE	0.00	56.25	59.04

SANCHEZ, MARY
 PO BOX 1361
 MARFA TX 79843

PAY	THIS PERIOD	YEAR TO DATE
OMB DEPARTMENT HEAD	1,623.96	21,111.48
TAXES	THIS PERIOD	YEAR TO DATE
F.I.C.A.	124.24	1,615.12
Federal Withholding	203.89	2,563.45
DEDUCTIONS	THIS PERIOD	YEAR TO DATE
TAC HEBP	112.76	1,465.88
RETIREMENT	97.44	1,266.72
AMERITAS VISION	3.88	50.44
SUMMARY	THIS PERIOD	YEAR TO DATE
Gross Pay	1,623.96	21,111.48
Taxes	328.13	4,178.57
Deductions	214.08	2,783.04
Net Pay	1,081.75	14,149.87
Hours	0.00	

COUNTY OF PRESIDIO PAYROLL ACCOUNT
MARFA, TEXAS 79843

EMPLOYEE NAME		SOCIAL SECURITY	
SANCHEZ, MARY			
CHECK NO.	DATE	EMPLOYEE NO.	
0048059	01/13/2017	0116 0748	
HOURS OF LEAVE	EARNED	USED	BALANCE
VACATION	3.08	12.00	17.12
SICK LEAVE	3.89	0.00	51.68

SANCHEZ, MARY
PO BOX 1361
MARFA TX 79843

PAY	THIS PERIOD	YEAR TO DATE
RG 1.00 hrs. @574.40	1,574.40	1,480.44
OH 1.00 hrs. @113.96	-113.96	0.00
TAXES	THIS PERIOD	YEAR TO DATE
F.I.C.A.	111.73	111.73
Federal Withholding	175.10	175.10
DEDUCTIONS	THIS PERIOD	YEAR TO DATE
TAC HEBP	101.44	101.44
RETIREMENT	87.83	87.83
AMERITAS VISION	3.58	3.58
SUMMARY	THIS PERIOD	YEAR TO DATE
Gross Pay	1,480.44	1,480.44
Taxes	286.83	286.83
Deductions	192.65	192.65
Net Pay	980.96	980.96
Hours	2.00	

COUNTY OF PRESIDIO
P.O. BOX 1055 - MARFA, TEXAS 79843

DIRECT DEPOSIT TO THE ACCOUNT OF

MARY SANCHEZ
PO BOX 1361
MARFA TX 79843

DATE
01/13/2017

AMOUNT
\$*****980.96

BANK NO.	ACCOUNT NO.
112304733	1323426

NON-NEGOTIABLE**COUNTY OF PRESIDIO PAYROLL ACCOUNT**
MARFA, TEXAS 79843

EMPLOYEE NAME		SOCIAL SECURITY	
SANCHEZ, MARY			
CHECK NO.	DATE	EMPLOYEE NO.	
0048059	01/13/2017	0116 0748	
HOURS OF LEAVE	EARNED	USED	BALANCE
VACATION	3.08	12.00	17.12
SICK LEAVE	3.89	0.00	51.68

SANCHEZ, MARY
PO BOX 1361
MARFA TX 79843

PAY	THIS PERIOD	YEAR TO DATE
RG 1.00 hrs. @574.40	1,574.40	1,480.44
OH 1.00 hrs. @113.96	-113.96	0.00
TAXES	THIS PERIOD	YEAR TO DATE
F.I.C.A.	111.73	111.73
Federal Withholding	175.10	175.10
DEDUCTIONS	THIS PERIOD	YEAR TO DATE
TAC HEBP	101.44	101.44
RETIREMENT	87.83	87.83
AMERITAS VISION	3.58	3.58
SUMMARY	THIS PERIOD	YEAR TO DATE
Gross Pay	1,480.44	1,480.44
Taxes	286.83	286.83
Deductions	192.65	192.65
Net Pay	980.96	980.96
Hours	2.00	

RE: Time Off Request

From: pcroadsrucv@co.presidio.tx.us
Sent: Wed, Mar 9, 2016 at 11:36 am
To: countyjudge@co.presidio.tx.us
Cc: Crystal Funke, Jim White, Jim White, earanda@presidio-isd.net, Eloy, Lorenzo Hernandez, Loretto Vasquez, treasurer@co.presidio.tx.us

Dear Judge.

I do apologize for not being at the office yesterday. Lupita checks emails regularly during her working hours and continuously keep me informed on them and I normally check emails during the day at the office and when I am out somewhere in the field, after returning back to the office or at home if it is after 5:00 PM. Lupita took off this week and will be back next week or earlier if possible. Yesterday I was in Casa Piedra/Alazan Ranch Area most of the day and there was no cell telephone signal in that area. When in areas of no cell telephone signal and for emergency purposes 3 County owned Satellite Telephones are allocated to 3 different vehicles and I use my own Satellite Telephone and the number is 480-755-9074. As soon as I get me one Satellite Telephone from the County I will let you know.

Thanks for the information. I am planning going today to Marfa and I will pick up several forms for my use.

Have a Good and Pleasant day!!!!

Ruben V. Carrasco, Manager
Capital Projects and Road & Bridge Departments and OSSF County Order
Presidio County, Texas

-----Original Message-----

From: countyjudge@co.presidio.tx.us
Sent: Monday, March 7, 2016 11:00pm
To: "Katie Sanchez" <presidiocountyomb@co.presidio.tx.us>, "Ruben Carrasco" <pcroadsrucv@co.presidio.tx.us>, "Sam Cobos" <facilitiesmanager@co.presidio.tx.us>
Cc: "Jim White" <jimpct1@co.presidio.tx.us>, "Eloy Aranda" <earanda@presidio-isd.net>, "Lorenzo Hernandez" <lhernandezbbt@gmail.com>, "Loretto Vasquez" <lore_asu@yahoo.com>, "Crystal Funke" <crystalfunke@co.presidio.tx.us>
Subject: Time Off Request

To Department Heads (**Non**-Elected Officials)
who are under Commissioner's Court
Supervision:

Effective Immediately, Time off must be requested through the County Judges Office for Judge's Approval. Forms are in the County Judges Office. Title of the form is "Time Off Request Form". These forms should be filled out as soon as possible or no later than 5 working days before time is requested.

As County Judge, it is important that I am informed as to your schedules and that I know before hand of **WHEN** you wish to take time off, **HOW LONG** you wish to take time off, and a **general reason at least** for the time off.

Today, a couple of department heads were not present at work. I did not have prior knowledge of this, nor do I know when they will return. With so many important things going on, it would have been good to know. Please do not forget, one of the main reasons for your employment is to assist County Judge and Commissioner's Court in any manner necessary in accordance with your job descriptions.

Time off will no longer be taken at the employee's leisurely decision. Request forms will be submitted as soon as possible. If

an employee has an emergency, the emergency will be handled in respect to it's urgency. When Judge Guevara is absent for an extended time, the Request for Time Off will be submitted to Commissioner PCT 1, if that commissioner is not available, it will be submitted to Commissioner PCT 2, and so forth.

Your attention to this is urgent.

Judge Guevara

FYI: This will also pertain to PCT 1 and PCT 2 Security Officers whose email addresses I do not have at this time.

enrollment/change/waiver Group Insurance Form

Ameritas Life Insurance Corp. P.O. Box 81889 / Lincoln, NE 68501-1889 / 800-659-2223 / Fax: 402-467-7338



Policy and Div. # 010- _____	COBRA: If individual is a continuee: _____	Qualifying Event _____	Date of Event _____
Cert. # _____			

Name and Address of Employer (Policyholder) Presidio County**1 to enroll** ☐ Eye Care ☐ To terminate all coverages**Employee Information**Marital Status ☒ Single ☐ Married ☐ Civil Union* ☐ Domestic Partner* *As defined by state law or your Group.Social Security number [REDACTED] Dept. number OMBEmployee's last name, first name, MI Sanchez, MaryDate of birth [REDACTED] ☐ Male ☒ Female Full time date of hire 11-3-14 ☐ Rehire: Rehire date _____Occupation Director, OMB Hours worked each week 40 Are your earnings paid: ☐ Hourly or ☒ SalariedStreet address 501 N. Dean City Marfa State Tx ZIP 79843E-mail address (limit of 60 characters) presidiocountymb@co.presidio.tx.usAre you covered under another eye care insurance plan? Employee: ☐ Yes ☒ No Dependents: ☐ Yes ☒ No**Dependent Coverage Information** List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 <u>Newby, Waylyn P.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>son</u>	<u>m</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

Please Sign (employee/policyholder) The certificate provides eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS: I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

x Mary Sanchez 10-14-15 x
 Employee Signature (do not print) Date Policyholder Signature (do not print) Date

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements on back.)

Employee late entrant date _____	Effective Date _____	Class _____	Dep. Code _____
Dependent late entrant date _____			

2 to change☐ Name Change New Name _____ Old Name _____☐ Add Dependent Coverage☐ If due to marriage, what is the date of marriage? _____ ☐ If due to birth/adoption, what is the date of event? _____☐ If due to loss of coverage, date and reason: _____☐ If other, the date of event and please explain: _____☐ Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop: _____☐ Due to divorce ☐ Due to death ☐ Due to annual election period ☐ Exceeds maximum age to qualify as dependent☐ Other (please explain) _____**3 to waive**

IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

☐ myself (does not apply to TRUST policies) ☐ spouse/domestic partner ☐ child(ren) only ☐ spouse/domestic partner and child(ren)

because _____

Name of Insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

Acknowledgement of Receipt of Health Plan Notices

Presidio County

1. Summary of Benefits & Coverage
2. Grandfathered Health Plan Notice
3. Notice of Privacy Practices
4. Initial HIPAA Notice
5. Initial COBRA Notice
6. CHIP Notice
7. NMHPAC Notice
8. WHCR Notice
9. Part D Creditable Coverage Notice
10. Marketplace Coverage Notice

Signature Mary Sanchez
Print Name Mary Sanchez

Date 10-14-15

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2014
1 Your first name and middle initial Mary B		Last name Sanchez		2 Your social security number [REDACTED]
Home address (number and street or rural route) 503 N Dean (P.O. Box 1361)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Marfa, Tx 79843		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 0		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► Mary B. Sanchez		Date ► 11-3-2014		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Presidio County		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2014)

Form W-4 (2014)

Page 2

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet. 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$8,000	0	\$0 - \$8,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 18,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 176,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	176,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Division of MASA Global
1250 W. Southlake Blvd. • Southlake, Texas 76092
Phone: 800-423-3226 Fax: 817-381-3355

MASA MEMBER INFORMATION

NAME (Last, First, Middle): Sanchez, Mary DOB: 1/1/1983
 SPOUSE (Last, First, Middle): _____ DOB: ____/____/____
 Physical Address: 501 N. Dean City/State/Zip: Marfa, Tx 79843
 Mailing Address (if different): P.O. Box 1361 City/State/Zip: Marfa, Tx 79843
 Phone: (432) 295-0516 Alt. Phone: (432) 729-4392 Email: _____
 Dependent Name: David Buren DOB: 3/1/1983
 Dependent Name: Phillip Buren DOB: 11/21/1983
 Dependent Name: Rikki Pearson DOB: 9/1/1983
 Dependent Name: Waylyn Newby DOB: 11/1/1983
 Dependent Name: _____ DOB: ____/____/____

EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP

Platinum Membership	Emergent Membership
Single: <u> </u> \$24.50 Monthly <u> </u> \$290 Annual (46% off)	Household: <input checked="" type="checkbox"/> \$9. Monthly (28% off)
Family: <u> </u> \$32.50 Monthly <u> </u> \$390 Annual (46% off)	Household: <u> </u> \$99 Annual (34% off)
(\$60 Initiation Fee Waived)	(\$25 Initiation Fee Waived)

☐ I authorize my employer to do a payroll deduction equivalent to the selected amount from my payroll check for my MASA MTS membership. I further understand that in the event that my employment with my employer is terminated, whether voluntarily or involuntarily, my employer has the right to deduct from my final paycheck any amounts paid upfront by my employer that has yet to be deducted from my paycheck(s).

► Mary Sanchez Mary Sanchez 11-10-16
 Member's Signature Name (Printed) Date

☐ I acknowledge that I have been offered the opportunity to enroll into the MASA MTS membership program via a payroll deduction and have decided to opt out. Additionally, I understand the potential out of pocket exposure resulting from an emergent air or ground ambulance transport and willingly assume the responsibility of such balance bill.

► _____
 Employee's Signature Name (Printed) Date

MASA MTS Rep	Other
6311000	6311006BB

PRESIDIO COUNTY
CONFLICT OF INTEREST DISCLOSURE STATEMENT

Preliminary note: In order to be more comprehensive, this statement of disclosure/questionnaire also requires you to provide information with respect to certain parties that are related to you. These persons are termed "affiliated persons" and include the following:

- a. your spouse, domestic partner, child, mother, father, brother or sister;
- b. any corporation or organization of which you are a commissioner, a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME OF EMPLOYEE, COMMISSIONER, ELECTED OFFICIAL: (Please print)

Kathy Sanchez

- 2. CAPACITY:**
- ☐ County Judge
- ☐ Commissioner
- ☐ Elected Official
- ☒ Department Head
- ☐ Employee

3. Have you or any of your affiliated persons provided services or property to Presidio County in the past year?

☐ YES ☒ NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

4. Have you or any of your affiliated persons purchased services or property from Presidio County in the past year?

_____ YES ☒ NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which Presidio County was or is a party?

_____ YES ☒ NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Were you or any of your affiliated persons indebted to pay money to Presidio County at any time in the past year (other than travel advances or the like)?

_____ YES ☒ NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. In the past year, did you or any of your affiliated persons receive or become entitled to receive, directly or indirectly, any personal benefits from Presidio County or as a result of your relationship with Presidio County, that in the aggregate could be valued in excess of \$1,000.00, that were not or will not be compensation directly related to your duties to Presidio County?

_____ YES ☒ NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving Presidio County?

_____ YES ☒ NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by Presidio County Commissioners' Court in accordance with the terms and intent of Presidio County's conflict of interest policy?

_____ YES ☒ NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HEREBY CONFIRM that I have read and understand Presidio County's Conflict of Interest Policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that disclosure is inaccurate or that I have not complied with this policy, I will notify the Presidio County Judge immediately.

Mary Sanchez
Signature

1-25-16
Date

GIFT STATEMENT

I certify that I have read the above policy concerning gifts and I agree that I will not accept gifts, entertainment or other favors from any individual or entity, which would be prohibited by the above policy. Following my initial statement, I agree to provide a signed statement at the end of each calendar year certifying that I have not received any such gifts, entertainment or other favors during the preceding year.

many
Katie Sancke

Signature

1-25-16

Date

Director OMB

Title/Position

PERSONNEL MANUAL ACKNOWLEDGEMENT

I have received a copy of the Presidio County Personnel Manual that outlines my benefits and obligations as a County employee. I understand that I am responsible for reading and familiarizing myself with the information in this manual and understand that it contains general personnel policies of the County. If I need clarification on any of the information in this manual, I will contact my immediate supervisor.

I further understand that the Presidio County Personnel Manual is not a contract of employment. I understand that my employment may be terminated by either myself or the County, at any time, with or without cause, and with or without notice.

I understand that this policy manual is intended only to provide guidance in understanding Presidio County policies, practices and benefits. Except for the policy of "At-Will" employment, I understand that Presidio County retains the right to change this policy manual, and to modify or cancel any of its employee benefits when the need for change is recognized.

I further understand that as a Presidio County employee, I have a personal responsibility to provide quality service to the public, to achieve the highest degree of safety possible for my fellow workers, to continually make suggestions for improvements and to display a spirit of team work and cooperation.

I understand that I will be granted compensatory time off in lieu of payment of overtime to the extent provided by law and I may be required to take earned compensatory time off at the County's discretion.

Any questions that I have had have been raised and answered to my satisfaction and I therefore sign this manual acknowledgement with a full understanding of its terms and conditions.

Mary B. Sanchez
Signature of Employee

Mary B. Sanchez
Printed Name of Employee

11-3-14
Date Signed



Beneficiary Designation

TCORS-06
REV. 06/2012
PAGE 1 OF 1

YOUR INFORMATION

EMPLOYEE * <i>Presidio County</i>			ACCOUNT NUMBER	
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *	
[REDACTED]	<i>Mary</i>	<i>B</i>	<i>Sanchez</i>	
MAILING ADDRESS *		CITY *	STATE *	ZIP *
<i>P.O. Box 1361</i>		<i>Marfa</i>	<i>Tx</i>	<i>79843</i>
DATE OF BIRTH *	HOME PHONE	MOBILE PHONE		
[REDACTED]	<i>432-729-4392</i>	<i>432-295-0516</i>		

PRIMARY BENEFICIARY A primary beneficiary is the first person to receive your benefit after your death.

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *	
[REDACTED]	<i>Alfredo</i>	<i>P.</i>	<i>Sanchez</i>	
DATE OF BIRTH *	GENDER *	RELATIONSHIP TO YOU *		
[REDACTED]	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<i>friend</i>		
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *	
[REDACTED]	<i>Vanessa</i>	<i>J.</i>	<i>Sanchez</i>	
DATE OF BIRTH *	GENDER *	RELATIONSHIP TO YOU *		
[REDACTED]	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	<i>daughter</i>		

ALTERNATE BENEFICIARY An alternate beneficiary receives your benefit if your primary beneficiary is not eligible.

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *	
[REDACTED]	<i>Sarah</i>	<i>C</i>	<i>Sanchez</i>	
DATE OF BIRTH *	GENDER *	RELATIONSHIP TO YOU *		
[REDACTED]	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	<i>daughter</i>		
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *	
[REDACTED]	<i>Waylyn</i>	<i>P.</i>	<i>Newby</i>	
DATE OF BIRTH *	GENDER *	RELATIONSHIP TO YOU *		
[REDACTED]	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<i>son</i>		

To add additional beneficiaries or to designate a custodian for a minor, attach form TCORS-95 (www.tcdrs.org).

SURVIVOR BENEFIT After 4 years of service, should you pass away before you retire, your beneficiary is eligible for either a lifetime benefit calculated using your account and employer matching or a withdrawal without the employer matching.

☐ I do not want to allow my beneficiary to choose the withdrawal option.

YOUR CERTIFICATION For this account only, I revoke all previous beneficiary designations and request that any retirement benefit due after my death be paid to the beneficiary/beneficiaries designated on this form. Should a beneficiary die before me, or if I divorce a designated beneficiary, then that designation is revoked. A person who completes this form on behalf of another either as an attorney-in-fact (durable power of attorney) or as a custodian may not designate himself as a primary or alternate beneficiary.

SIGNATURE	DATE
<i>X Mary B. Sanchez</i>	<i>11-3-14</i>

* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.

TCORS ★ PO Box 2034 ★ Austin, TX 78768-2034 ★ (512) 328-8889 ★ 800-823-7782 ★ Fax (512) 328-8887 ★ www.tcdrs.org

PUBLIC ACCESS OPTION FORM

(NOTE: THIS FORM SHOULD BE COMPLETED AND SIGNED BY THE EMPLOYEE AND RETURNED TO THE TREASURER'S OFFICE.)

Mary B. Sanchez
(NAME)

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

Public access?

Home Address

No ☒ Yes ☐

Home Telephone

No ☒ Yes ☐

Social Security Number

No ☒ Yes ☐

Information that reveals whether you have family members

No ☒ Yes ☐

Mary B. Sanchez
(Signature)

11-3-14
(Date)



New Employee Information

TCDRS-01

REV. 06/2012

PAGE 1 OF 1

PURPOSE

Use this form to set up a Texas County & District Retirement System (TCDRS) account for a new employee. If you prefer, you can submit new employee information to TCDRS electronically by signing in on our employer website (www.tcdrs.org/employer) and clicking the "Enrollment" link in the left navigation menu.

NEW EMPLOYEE INFORMATION

EMPLOYER NAME* Presidio County				EMPLOYER'S TCDRS NUMBER			
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*		SUFFIX		
	Mary	B	Sanchez				
MAILING ADDRESS*		APT/STE #	CITY*	STATE*	ZIP*		
P.O. Box 1341			Marfa	TX	79843		
DATE OF BIRTH*	GENDER	HOME PHONE	MOBILE PHONE		WORK PHONE	EXT.	
	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	432-729-4392	432-295-0514				

TCDRS MEMBERSHIP INFORMATION

We will send your new employees a welcome kit, which includes the *Guide to Member Benefits*. To take full advantage of the services we offer, please encourage your employees to register with us online at www.tcdrs.org.

Additionally, each year your employees will receive an annual statement of their TCDRS deposits for the prior year.

BENEFICIARY DESIGNATION FORM

Please encourage your employees to designate one or more beneficiaries for their TCDRS accounts. If an employee doesn't have a beneficiary on file at our office, it could result in a delay of benefits to loved ones, and possible legal disputes and expenses for the survivors.

There are two ways an employee can designate TCDRS beneficiaries:

- Online: Employees who are registered at www.tcdrs.org may update their beneficiaries on our secure website.
- Paper form: If they prefer, employees can fill out and send in a *Beneficiary Designation* (TCDRS-06) form to our office.

All employees can manage their beneficiaries through our secure website (www.tcdrs.org) once they've signed in.

* REQUIRED FIELDS

TCDRS ★ PO Box 2034 ★ Austin, TX 78768-2034 ★ (512) 328-8889 ★ 800-823-7782 ★ Fax (512) 328-8887 ★ www.tcdrs.org

Blue Cross Blue Shield
of Texas

Group # _____ Section # _____ Dept # _____ Category _____

SECTION 1 -- ENROLLMENT EVENTS

☐ New Enrollee ☐ Add Dependent
Are you applying as a result of a Special Enrollment Event?
Event? ☐ Yes ☐ No If yes, select
Event: ☐ Marriage ☐ Birth, Adoption, Suit for Adoption
☐ Court Order (see instructions)
☐ Loss of Other Coverage (provide Certification of Coverage)
☐ Other (Explain): _____

Add Coverages: ☐ Health ☐ Dental
☐ Term Life ☐ Dependent Life
☐ Short Term Disability (STD)
☐ Long Term Disability (LTD)
☐ Change Primary Care Physician (PCP)
Reason: _____
☐ Change Primary Care Dentist (PCD)
Reason: _____
☐ Change Address/Name

☐ Cancel Enrollee ☐ Cancel Dependent
List names of those canceling in Section 4 below
Event: ☐ Divorce ☐ Death
☐ Terminated Employment
☐ Other

Indicate Event Date: ____/____/____

Indicate Event Dates ____/____/____

Cancel Coverages: ☐ Health ☐ Dental ☐ Term Life
☐ Dependent Life ☐ STD ☐ LTD

SECTION 2 -- PLEASE TELL US ABOUT YOURSELF

Last Name Sanchez First Name Mary MI (opt) B Suffix _____ Date of Birth _____ Social Security Number _____

Mailing Address - Street - Apt _____ City marfa State TX Zip 79843

E-Mail Address (opt) ktddidit04@yahoo.com ☐ Male ☒ Female Business Phone # _____ Home Phone # _____

Name of Employer Presidio County Date of Employment 1 1 Do you usually work at least 30 hours a week for this employer?
☒ Yes ☐ No

Eligibility Status: ☐ Active Employee ☐ Retired Employee - Date of Retirement: _____ ☐ COBRA Continuation
☐ Continuation of Group Coverage (insured plans only) ☐ Dependent Continuation of Group Coverage (insured plans, only)

SECTION 3 -- SELECT YOUR COVERAGE

Health (select one)
☐ PPO ☐ HMO
☐ BlueEdge HCA ☐ BlueEdge HSA
☐ HMO Consumer Choice Plan (small group only)
☐ PPO Consumer Choice Plan (small group, only)
☐ Other: _____
Plan #, if known: _____

Enrollees (select one)
☐ Employee Only
☐ Employee/Spouse
☐ Employee/Child(ren)
☐ Family
☐ I am not applying for health coverage

Dental
☐ Yes
☐ No
Plan #, if known: _____

Enrollees (select one)
☐ Employee Only
☐ Employee/Spouse
☐ Employee/Child(ren)
☐ Family
☐ I am not applying for dental coverage

Complete only if you are applying for HMO coverages

Primary Language: _____ ☐ Check here to request a Spanish Member HandbookDo you have a disability affecting your ability to communicate or read? ☐ Yes ☐ No

If "Yes", describe special communication materials needed: _____

SECTION 4 -- COVERAGE OPTIONS

Employee/Enrollee's Name Mary B. Sanchez PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N
Dependent's Name ☐ Husband ☐ Wife _____ Dependent's PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N

Dependent's Social Security No. _____ DOB (Mo Day Yr) 1 1 Home Address, if different -- No. and Street Name _____ City _____ State _____ Zip _____

Dependent's Name ☐ Son ☐ Daughter Wailyn P. Newby Dependent's PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N
Dependent's Social Security No. _____ DOB (Mo Day Yr) _____ Home Address, if different -- No. and Street Name _____ City _____ State _____ Zip _____

Dependent's Name ☐ Son ☐ Daughter _____ Dependent's PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N
Dependent's Social Security No. _____ DOB (Mo Day Yr) _____ Home Address, if different -- No. and Street Name _____ City _____ State _____ Zip _____

Dependent's Name ☐ Son ☐ Daughter _____ Dependent's PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N
Dependent's Social Security No. _____ DOB (Mo Day Yr) _____ Home Address, if different -- No. and Street Name _____ City _____ State _____ Zip _____

Dependent's Name ☐ Son ☐ Daughter _____ Dependent's PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N
Dependent's Social Security No. _____ DOB (Mo Day Yr) _____ Home Address, if different -- No. and Street Name _____ City _____ State _____ Zip _____

Dependent's Name ☐ Son ☐ Daughter _____ Dependent's PCP Name _____ PCP No. _____ New Patient? ☐ Y ☐ N
Dependent's Social Security No. _____ DOB (Mo Day Yr) _____ Home Address, if different -- No. and Street Name _____ City _____ State _____ Zip _____

SECTION 5 -- GROUP TERM LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D), AND DISABILITY INSURANCE COVERAGES

Employee Occupation/Job title: _____ Wage rate \$ _____ per ☐ hour ☐ week ☐ month ☐ yearGroup Basic Term Life & AD&D ☐ I do not apply ☐ I do apply Amount \$ _____Group Dependents' Life ☐ I do not apply ☐ I do applyGroup Supplemental Life ☐ I do not apply ☐ I do apply

Employee election: \$ _____ Spouse election: \$ _____ Child election: \$ _____

Short Term Disability (STD) ☐ I do not apply ☐ I do applyLong Term Disability (LTD) ☐ I do not apply ☐ I do apply

Primary Beneficiary First Name _____ Initial _____ Last Name _____ Relationship _____ Date of Birth _____ Social Security No. _____

Contingent Beneficiary First Name _____ Initial _____ Last Name _____ Relationship _____ Date of Birth _____ Social Security No. _____

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association for Debarbarn Life Insurance Company, a Member of the Preferred Financial Group

For pre-existing condition waiting periods, you must provide information about the last 12 months of coverage (18 months if new/current coverage is self-funded) for you and any dependents listed. If you have a certificate of prior coverage, please attach a copy to this enrollment application. (If more than one plan was in effect, or if information is different for dependents, attach additional pages.) If Medicare, please complete the Medicare Coverage Information in Section 8.
List names of every individual covered:

Name of Primary Enrollee /	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Group or Policy No.	ID Number
Employer's Name: Name and address of other insurance company, TPA, HMO:		Employment Date ____ / ____ / ____ Effective Date ____ / ____ / ____ Will Coverage be Continued? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Expected Cancel Date ____ / ____ / ____		Type of Coverage <input type="checkbox"/> Health <input type="checkbox"/> Dental	Type of Policy <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child

SECTION 7 — OTHER COVERAGE INFORMATION

Complete this section only if you or any of your dependents have other health and / or dental coverage that will not be cancelled when the coverage under this application becomes effective. List names of each individual covered:

Type of Coverage <input type="checkbox"/> Health <input type="checkbox"/> Dental	Group Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Other Health Care Company			
Name of Policyholder	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Type of Policy <input type="checkbox"/> Self <input type="checkbox"/> Two Person <input type="checkbox"/> Family	
ID Number	Employment Date	Effective Date of Coverage	Group or Policy Number	Employer's Name	

SECTION 8 — MEDICARE COVERAGE INFORMATION

Name of person covered:	Medicare HIC# (from ID card):
<input type="checkbox"/> Medicare Part A (hospital) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Month/Day/Year Month/Day/Year	<input type="checkbox"/> Medicare Part B (medical) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Month/Day/Year Month/Day/Year
<input type="checkbox"/> Medicare Part D (prescription drugs) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Month/Day/Year Month/Day/Year	If BCBSTX is not the Medicare Part D carrier, please provide name and address of the carrier: Name: _____ Address: _____ City _____ State _____
Check reason for Medicare eligibility: <input type="checkbox"/> Entitled age <input type="checkbox"/> Entitled disability <input type="checkbox"/> End-stage renal disease <input type="checkbox"/> Disability and current renal disease	
Name of person covered:	Medicare HIC# (from ID card):
<input type="checkbox"/> Medicare Part A (hospital) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Month/Day/Year Month/Day/Year	<input type="checkbox"/> Medicare Part B (medical) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Month/Day/Year Month/Day/Year
<input type="checkbox"/> Medicare Part D (prescription drugs) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Month/Day/Year Month/Day/Year	If BCBSTX is not the Medicare Part D carrier, please provide name and address of the carrier: Name: _____ Address: _____ City _____ State _____
Check reason for Medicare eligibility: <input type="checkbox"/> Entitled age <input type="checkbox"/> Entitled disability <input type="checkbox"/> End-stage renal disease <input type="checkbox"/> Disability and current renal disease	

SECTION 9 — DISABLED DEPENDENT

Name of disabled dependent	Nature of disability
Has disability been diagnosed as permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No If temporary, how long is dependent expected to remain disabled? _____	
Is dependent unable to work due to the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If disabled child is over the dependent age limit of your employer's plan, please attach a completed Dependent Child's Statement of Disability form.	

SECTION 10 — DECLINATION OF HEALTH COVERAGE

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a pre-existing condition waiting period.

Employee	Reason for declining:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other, explain: _____
Spouse	Reason for declining:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other, explain: _____
Child(ren)	Reason for declining:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other, explain: _____

SECTION 11 — COVERAGE CONDITIONS

- I am an employee of the Employer named in this Enrollment Application. I am eligible to participate in the coverage(s) afforded by my Employer's plan, which is either underwritten or administered by Blue Cross and Blue Shield of Texas (BCBSTX) or Fort Dearborn Life Insurance Company (FDL). On behalf of myself and any dependents listed on this Enrollment Application, I apply for those coverage(s) for which I am eligible. I state that the information given on this Enrollment Application is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s).
- Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this Enrollment Application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s).
- I understand that the Health coverage for which I am applying may have a pre-existing condition exclusion waiting period.
- I agree that my Employer acts as my agent. I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s).
- I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my Employer are binding upon me.

Applicant's Signature

Mary B. Sanchez

Date

PRESIDIO COUNTY TREASURER'S OFFICE



Authorization Agreement

I hereby authorize Presidio County Treasurer's Office to initiate automatic deposits to my account at the financial institution named below. I also authorize Presidio County Treasurer's Office to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Presidio County Treasurer's Office responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Presidio County Treasurer's Office receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department, or upon the discontinuance of my employment.

Account Information

Name of Financial Institution:

Routing Number:

Account Number:

☒ Checking
☐ Savings

Signature

 Authorized Signature
 (Primary):

Date: 11-3-14

Direct Deposit Agreement Form



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Sanchez</u>		First Name (Given Name) <u>Mary</u>		Middle Initial <u>B</u>	Other Names Used (if any) <u>Katie Sanchez</u>	
Address (Street Number and Name) <u>503 N Dean</u>		Apt. Number	City or Town <u>Marfa</u>		State <u>TX</u>	Zip Code <u>79843</u>
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	E-mail Address <u>Ktdidi104@yahoo.com</u>			Telephone Number <u>432-295-0516</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <u>Mary B. Sanchez</u>	Date (mm/dd/yyyy): <u>11-3-2014</u>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; text-align: center;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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EMPLOYEE LEAVE HISTORY REPORT

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/26/2014	43533	VACATION	3.08	0.00	3.08
		12/12/2014	43445	VACATION	3.08	0.00	3.08
		11/28/2014	43372	VACATION	3.08	0.00	3.08
		11/14/2014	43287	VACATION	3.08	0.00	3.08
	EMPLOYEE TOTAL				12.32	0.00	12.32
	DEPARTMENT TOTAL				12.32	0.00	12.32
	GROUP-CODE TOTAL				12.32	0.00	12.32
	GRAND TOTAL				12.32	0.00	12.32

$$\begin{array}{r} 12.32 \\ 12.32 \\ \hline 24.64 \end{array}$$

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EMPLOYEE LEAVE HISTORY REPORT

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G-DEPT EMPLOYEE-NAME

CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY				
12/24/2015	45697	VACATION	3.08	0.00	3.08
12/11/2015	45626	VACATION	3.08	0.00	3.08
11/27/2015	45545	VACATION	3.08	0.00	3.08
11/13/2015	45446	VACATION	0.00	0.00	0.00
10/30/2015	45369	VACATION	0.00	0.00	0.00
10/16/2015	45264	VACATION	0.00	0.00	0.00
10/02/2015	45190	VACATION	0.00	0.00	0.00
09/18/2015	45092	VACATION	0.00	0.00	0.00
09/04/2015	45022	VACATION	0.00	0.00	0.00
08/21/2015	44918	VACATION	0.00	0.00	0.00
08/07/2015	44848	VACATION	0.00	0.00	0.00
07/24/2015	44745	VACATION	0.00	0.00	0.00
07/10/2015	44676	VACATION	0.00	0.00	0.00
06/26/2015	44599	VACATION	0.00	0.00	0.00
06/12/2015	44511	VACATION	0.00	0.00	0.00
05/29/2015	44442	VACATION	0.00	0.00	0.00
05/15/2015	44348	VACATION	0.00	0.00	0.00
05/01/2015	44283	VACATION	0.00	0.00	0.00
04/17/2015	44184	VACATION	0.00	0.00	0.00
04/03/2015	44117	VACATION	0.00	0.00	0.00
03/20/2015	44012	VACATION	0.00	0.00	0.00
03/06/2015	43943	VACATION	0.00	0.00	0.00
02/20/2015	43841	VACATION	0.00	21.56	21.56CR
02/06/2015	43771	VACATION	3.08	0.00	3.08
01/23/2015	43692	VACATION	3.08	0.00	3.08
01/09/2015	43602	VACATION	3.08	0.00	3.08
	EMPLOYEE TOTAL		18.48	21.56	3.08CR
	DEPARTMENT TOTAL		18.48	21.56	3.08CR
	GROUP-CODE TOTAL		18.48	21.56	3.08CR
	GRAND TOTAL		18.48	21.56	3.08CR

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EMPLOYEE LEAVE HISTORY REPORT

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/30/2016	47986	VACATION	3.08	14.00	10.92CR
		12/16/2016	47886	VACATION	3.08	0.00	3.08
		12/02/2016	47812	VACATION	3.08	0.00	3.08
		11/18/2016	47711	VACATION	3.08	0.00	3.08
		11/04/2016	47643	VACATION	3.08	0.00	3.08
		10/21/2016	47540	VACATION	3.08	0.00	3.08
		10/07/2016	47472	VACATION	3.08	0.00	3.08
		09/23/2016	47369	VACATION	3.08	0.00	3.08
		09/09/2016	47299	VACATION	3.08	0.00	3.08
		08/26/2016	47196	VACATION	3.08	0.00	3.08
		08/12/2016	47127	VACATION	3.08	0.00	3.08
		07/29/2016	47056	VACATION	3.08	0.00	3.08
		07/15/2016	46955	VACATION	3.08	0.00	3.08
		07/01/2016	46886	VACATION	0.00	47.01	47.01CR
		06/17/2016	46769	VACATION	3.35	0.00	3.35
		06/03/2016	46702	VACATION	3.35	0.00	3.35
		05/20/2016	46597	VACATION	3.35	0.00	3.35
		05/06/2016	46520	VACATION	3.08	0.00	3.08
		04/15/2016	46414	VACATION	3.08	0.00	3.08
		04/01/2016	46342	VACATION	3.08	0.00	3.08
		03/18/2016	46224	VACATION	3.08	0.00	3.08
		03/04/2016	46151	VACATION	3.08	0.00	3.08
		02/19/2016	46043	VACATION	3.08	0.00	3.08
		02/05/2016	45971	VACATION	3.08	0.00	3.08
		01/22/2016	45868	VACATION	3.08	0.00	3.08
		01/08/2016	45801	VACATION	3.08	0.00	3.08
	EMPLOYEE TOTAL				77.81	61.01	16.80
	DEPARTMENT TOTAL				77.81	61.01	16.80
	GROUP-CODE TOTAL				77.81	61.01	16.80
	GRAND TOTAL				77.81	61.01	16.80

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EMPLOYEE LEAVE HISTORY REPORT

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		09/22/2017	49611	VACATION	3.08	0.00	3.08
		09/08/2017	49541	VACATION	3.08	0.00	3.08
		08/25/2017	49433	VACATION	3.08	24.00	20.92CR
		08/11/2017	49367	VACATION	68.17	0.00	68.17
		07/28/2017	49292	VACATION	3.08	0.00	3.08
		07/14/2017	49196	VACATION	3.08	12.00	8.92CR
		06/30/2017	49121	VACATION	3.08	4.00	0.92CR
		06/16/2017	49025	VACATION	3.08	20.00	16.92CR
		06/02/2017	48957	VACATION	3.08	8.00	4.92CR
		05/19/2017	48853	VACATION	3.08	4.00	0.92CR
		05/05/2017	48779	VACATION	3.08	0.00	3.08
		04/21/2017	48669	VACATION	3.08	24.00	20.92CR
		04/07/2017	48597	VACATION	3.08	0.00	3.08
		03/24/2017	48490	VACATION	3.08	0.00	3.08
		03/10/2017	48419	VACATION	3.08	0.00	3.08
		02/24/2017	48341	VACATION	3.08	0.00	3.08
		02/10/2017	48240	VACATION	3.08	0.00	3.08
		01/27/2017	48161	VACATION	3.08	0.00	3.08
		01/13/2017	48059	VACATION	3.08	12.00	8.92CR
	EMPLOYEE TOTAL				123.61	108.00	15.61
	DEPARTMENT TOTAL				123.61	108.00	15.61
	GROUP-CODE TOTAL				123.61	108.00	15.61
	GRAND TOTAL				123.61	108.00	15.61

55.44

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/26/2014	43533	SICK LEAVE	3.69	0.00	3.69
		12/12/2014	43445	SICK LEAVE	3.69	0.00	3.69
		11/28/2014	43372	SICK LEAVE	3.69	0.00	3.69
		11/14/2014	43287	SICK LEAVE	3.69	0.00	3.69
	EMPLOYEE TOTAL				14.76	0.00	14.76
	DEPARTMENT TOTAL				14.76	0.00	14.76
	GROUP-CODE TOTAL				14.76	0.00	14.76
	GRAND TOTAL				14.76	0.00	14.76

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EMPLOYEE LEAVE HISTORY REPORT

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/24/2015	45697	SICK LEAVE	3.69	0.00	3.69
		12/11/2015	45626	SICK LEAVE	3.69	0.00	3.69
		11/27/2015	45545	SICK LEAVE	3.69	0.00	3.69
		11/13/2015	45446	SICK LEAVE	0.00	0.00	0.00
		10/30/2015	45369	SICK LEAVE	0.00	0.00	0.00
		10/16/2015	45264	SICK LEAVE	0.00	0.00	0.00
		10/02/2015	45190	SICK LEAVE	0.00	0.00	0.00
		09/18/2015	45092	SICK LEAVE	0.00	0.00	0.00
		09/04/2015	45022	SICK LEAVE	0.00	0.00	0.00
		08/21/2015	44918	SICK LEAVE	0.00	0.00	0.00
		08/07/2015	44848	SICK LEAVE	0.00	0.00	0.00
		07/24/2015	44745	SICK LEAVE	0.00	0.00	0.00
		07/10/2015	44676	SICK LEAVE	0.00	0.00	0.00
		06/26/2015	44599	SICK LEAVE	0.00	0.00	0.00
		06/12/2015	44511	SICK LEAVE	0.00	0.00	0.00
		05/29/2015	44442	SICK LEAVE	0.00	0.00	0.00
		05/15/2015	44348	SICK LEAVE	0.00	0.00	0.00
		05/01/2015	44283	SICK LEAVE	0.00	0.00	0.00
		04/17/2015	44184	SICK LEAVE	0.00	0.00	0.00
		04/03/2015	44117	SICK LEAVE	0.00	0.00	0.00
		03/20/2015	44012	SICK LEAVE	0.00	0.00	0.00
		03/06/2015	43943	SICK LEAVE	0.00	0.00	0.00
		02/20/2015	43841	SICK LEAVE	0.00	25.83	25.83CR
		02/06/2015	43771	SICK LEAVE	3.69	0.00	3.69
		01/23/2015	43692	SICK LEAVE	3.69	0.00	3.69
		01/09/2015	43602	SICK LEAVE	3.69	0.00	3.69
	EMPLOYEE TOTAL				22.14	25.83	3.69CR
	DEPARTMENT TOTAL				22.14	25.83	3.69CR
	GROUP-CODE TOTAL				22.14	25.83	3.69CR
	GRAND TOTAL				22.14	25.83	3.69CR

73.80

95.94

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/30/2016	47986	SICK LEAVE	3.69	0.00	3.69
		12/16/2016	47886	SICK LEAVE	3.69	0.00	3.69
		12/02/2016	47812	SICK LEAVE	3.69	0.00	3.69
		11/18/2016	47711	SICK LEAVE	3.69	0.00	3.69
		11/04/2016	47643	SICK LEAVE	3.69	0.00	3.69
		10/21/2016	47540	SICK LEAVE	3.69	0.00	3.69
		10/07/2016	47472	SICK LEAVE	3.69	0.00	3.69
		09/23/2016	47369	SICK LEAVE	3.69	0.00	3.69
		09/09/2016	47299	SICK LEAVE	3.69	0.00	3.69
		08/26/2016	47196	SICK LEAVE	3.69	0.00	3.69
		08/12/2016	47127	SICK LEAVE	3.69	0.00	3.69
		07/29/2016	47056	SICK LEAVE	3.69	0.00	3.69
		07/15/2016	46955	SICK LEAVE	3.69	0.00	3.69
		07/01/2016	46886	SICK LEAVE	0.00	56.25	56.25CR
		06/17/2016	46769	SICK LEAVE	3.99	0.00	3.99
		06/03/2016	46702	SICK LEAVE	3.99	0.00	3.99
		05/20/2016	46597	SICK LEAVE	3.99	0.00	3.99
		05/06/2016	46520	SICK LEAVE	3.69	0.00	3.69
		04/15/2016	46414	SICK LEAVE	3.69	0.00	3.69
		04/01/2016	46342	SICK LEAVE	3.69	0.00	3.69
		03/18/2016	46224	SICK LEAVE	3.69	0.00	3.69
		03/04/2016	46151	SICK LEAVE	3.69	0.00	3.69
		02/19/2016	46043	SICK LEAVE	3.69	0.00	3.69
		02/05/2016	45971	SICK LEAVE	3.69	0.00	3.69
		01/22/2016	45868	SICK LEAVE	3.69	0.00	3.69
		01/08/2016	45801	SICK LEAVE	3.69	0.00	3.69
	EMPLOYEE TOTAL				93.15	56.25	36.90
	DEPARTMENT TOTAL				93.15	56.25	36.90
	GROUP-CODE TOTAL				93.15	56.25	36.90
	GRAND TOTAL				93.15	56.25	36.90

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		09/22/2017	49611	SICK LEAVE	3.69	0.00	3.69
		09/08/2017	49541	SICK LEAVE	3.69	8.00	4.31CR
		08/25/2017	49433	SICK LEAVE	3.69	0.00	3.69
		08/11/2017	49367	SICK LEAVE	82.08	0.00	82.08
		07/28/2017	49292	SICK LEAVE	3.69	0.00	3.69
		07/14/2017	49196	SICK LEAVE	3.69	8.00	4.31CR
		06/30/2017	49121	SICK LEAVE	3.69	0.00	3.69
		06/16/2017	49025	SICK LEAVE	3.69	0.00	3.69
		06/02/2017	48957	SICK LEAVE	3.69	0.00	3.69
		05/19/2017	48853	SICK LEAVE	3.69	8.00	4.31CR
		05/05/2017	48779	SICK LEAVE	3.69	0.00	3.69
		04/21/2017	48669	SICK LEAVE	3.69	8.00	4.31CR
		04/07/2017	48597	SICK LEAVE	3.69	0.00	3.69
		03/24/2017	48490	SICK LEAVE	3.69	50.00	46.31CR
		03/10/2017	48419	SICK LEAVE	3.69	8.00	4.31CR
		02/24/2017	48341	SICK LEAVE	3.69	0.00	3.69
		02/10/2017	48240	SICK LEAVE	3.69	0.00	3.69
		01/27/2017	48161	SICK LEAVE	3.69	0.00	3.69
		01/13/2017	48059	SICK LEAVE	3.69	0.00	3.69
	EMPLOYEE TOTAL				148.50	90.00	58.50
	DEPARTMENT TOTAL				148.50	90.00	58.50
	GROUP-CODE TOTAL				148.50	90.00	58.50
	GRAND TOTAL				148.50	90.00	58.50

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EMPLOYEE LEAVE HISTORY REPORT

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/26/2014	43533	PERS LEAVE	0.00	0.00	0.00
		12/12/2014	43445	PERS LEAVE	0.00	0.00	0.00
		11/28/2014	43372	PERS LEAVE	0.00	0.00	0.00
		11/14/2014	43287	PERS LEAVE	0.00	0.00	0.00
	EMPLOYEE TOTAL				0.00	0.00	0.00
	DEPARTMENT TOTAL				0.00	0.00	0.00
	GROUP-CODE TOTAL				0.00	0.00	0.00
	GRAND TOTAL				0.00	0.00	0.00

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G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/24/2015	45697	PERS LEAVE	0.00	0.00	0.00
		12/11/2015	45626	PERS LEAVE	0.00	0.00	0.00
		11/27/2015	45545	PERS LEAVE	0.00	0.00	0.00
		11/13/2015	45446	PERS LEAVE	0.00	0.00	0.00
		10/30/2015	45369	PERS LEAVE	0.00	0.00	0.00
		10/16/2015	45264	PERS LEAVE	0.00	0.00	0.00
		10/02/2015	45190	PERS LEAVE	0.00	0.00	0.00
		09/18/2015	45092	PERS LEAVE	0.00	0.00	0.00
		09/04/2015	45022	PERS LEAVE	0.00	0.00	0.00
		08/21/2015	44918	PERS LEAVE	0.00	0.00	0.00
		08/07/2015	44848	PERS LEAVE	0.00	0.00	0.00
		07/24/2015	44745	PERS LEAVE	0.00	0.00	0.00
		07/10/2015	44676	PERS LEAVE	0.00	0.00	0.00
		06/26/2015	44599	PERS LEAVE	0.00	0.00	0.00
		06/12/2015	44511	PERS LEAVE	0.00	0.00	0.00
		05/29/2015	44442	PERS LEAVE	0.00	0.00	0.00
		05/15/2015	44348	PERS LEAVE	0.00	0.00	0.00
		05/01/2015	44283	PERS LEAVE	0.00	0.00	0.00
		04/17/2015	44184	PERS LEAVE	0.00	0.00	0.00
		04/03/2015	44117	PERS LEAVE	0.00	0.00	0.00
		03/20/2015	44012	PERS LEAVE	0.00	0.00	0.00
		03/06/2015	43943	PERS LEAVE	0.00	0.00	0.00
		02/20/2015	43841	PERS LEAVE	0.00	0.00	0.00
		02/06/2015	43771	PERS LEAVE	0.00	0.00	0.00
		01/23/2015	43692	PERS LEAVE	0.00	0.00	0.00
		01/09/2015	43602	PERS LEAVE	0.00	0.00	0.00
	EMPLOYEE TOTAL				0.00	0.00	0.00
	DEPARTMENT TOTAL				0.00	0.00	0.00
	GROUP-CODE TOTAL				0.00	0.00	0.00
	GRAND TOTAL				0.00	0.00	0.00

09/28/2017
TIME:08:40 AM

EMPLOYEE LEAVE HISTORY REPORT

PAGE 1
PREPARER:0013

G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		12/30/2016	47986	PERS LEAVE	0.00	0.00	0.00
		12/16/2016	47886	PERS LEAVE	0.00	0.00	0.00
		12/02/2016	47812	PERS LEAVE	0.00	0.00	0.00
		11/18/2016	47711	PERS LEAVE	0.00	0.00	0.00
		11/04/2016	47643	PERS LEAVE	0.00	0.00	0.00
		10/21/2016	47540	PERS LEAVE	0.00	0.00	0.00
		10/07/2016	47472	PERS LEAVE	0.00	0.00	0.00
		09/23/2016	47369	PERS LEAVE	0.00	0.00	0.00
		09/09/2016	47299	PERS LEAVE	0.00	0.00	0.00
		08/26/2016	47196	PERS LEAVE	0.00	0.00	0.00
		08/12/2016	47127	PERS LEAVE	0.00	0.00	0.00
		07/29/2016	47056	PERS LEAVE	0.00	0.00	0.00
		07/15/2016	46955	PERS LEAVE	0.00	0.00	0.00
		07/01/2016	46886	PERS LEAVE	0.00	0.00	0.00
		06/17/2016	46769	PERS LEAVE	0.00	0.00	0.00
		06/03/2016	46702	PERS LEAVE	0.00	0.00	0.00
		05/20/2016	46597	PERS LEAVE	0.00	0.00	0.00
		05/06/2016	46520	PERS LEAVE	0.00	0.00	0.00
		04/15/2016	46414	PERS LEAVE	0.00	0.00	0.00
		04/01/2016	46342	PERS LEAVE	0.00	0.00	0.00
		03/18/2016	46224	PERS LEAVE	0.00	0.00	0.00
		03/04/2016	46151	PERS LEAVE	0.00	0.00	0.00
		02/19/2016	46043	PERS LEAVE	0.00	0.00	0.00
		02/05/2016	45971	PERS LEAVE	0.00	0.00	0.00
		01/22/2016	45868	PERS LEAVE	0.00	0.00	0.00
		01/08/2016	45801	PERS LEAVE	0.00	0.00	0.00
	EMPLOYEE TOTAL				0.00	0.00	0.00
	DEPARTMENT TOTAL				0.00	0.00	0.00
	GROUP-CODE TOTAL				0.00	0.00	0.00
	GRAND TOTAL				0.00	0.00	0.00

09/28/2017
TIME:08:40 AM

EMPLOYEE LEAVE HISTORY REPORT

PAGE 1
PREPARER:0013

G-DEPT	EMPLOYEE-NAME	CHK-DATE	CHECK	LEAVE-TYPE	EARNED	USED	NET
6-0116	SANCHEZ, MARY						
		09/22/2017	49611	PERS LEAVE	0.00	0.00	0.00
		09/08/2017	49541	PERS LEAVE	0.00	0.00	0.00
		08/25/2017	49433	PERS LEAVE	0.00	0.00	0.00
		08/11/2017	49367	PERS LEAVE	0.00	20.00	20.00CR
		07/28/2017	49292	PERS LEAVE	0.00	0.00	0.00
		07/14/2017	49196	PERS LEAVE	0.00	0.00	0.00
		06/30/2017	49121	PERS LEAVE	0.00	0.00	0.00
		06/16/2017	49025	PERS LEAVE	0.00	0.00	0.00
		06/02/2017	48957	PERS LEAVE	0.00	0.00	0.00
		05/19/2017	48853	PERS LEAVE	32.00	4.00	28.00
		05/05/2017	48779	PERS LEAVE	0.00	0.00	0.00
		04/21/2017	48669	PERS LEAVE	0.00	0.00	0.00
		04/07/2017	48597	PERS LEAVE	0.00	0.00	0.00
		03/24/2017	48490	PERS LEAVE	0.00	0.00	0.00
		03/10/2017	48419	PERS LEAVE	0.00	0.00	0.00
		02/24/2017	48341	PERS LEAVE	0.00	0.00	0.00
		02/10/2017	48240	PERS LEAVE	0.00	0.00	0.00
		01/27/2017	48161	PERS LEAVE	0.00	0.00	0.00
		01/13/2017	48059	PERS LEAVE	0.00	0.00	0.00
	EMPLOYEE TOTAL				32.00	24.00	8.00
	DEPARTMENT TOTAL				32.00	24.00	8.00
	GROUP-CODE TOTAL				32.00	24.00	8.00
	GRAND TOTAL				32.00	24.00	8.00

	Vacation	Sick	Personal
2015	92.40	110.70	
	17.81	93.15	32
2016	20 ✓	8 ✓	
	16 ✓	12 ✓	
	48 ✓	4 ✓	
	12 ✓	2 ✓	
	20 ✓	24	
	96		
	16		
	55.44	166.42	32
2017	8 ✓	10 16	
	8 ✓	8	4
	8 ✓	8 ✓	
	24	8 ✓	
	24	30	
	24 ✓		
	12 ✓		
	12 ✓		
	4	8 ✓	
	8	50 ✓	
	20 ✓	8 ✓	
	4 ✓	8 ✓	
	84	74	

	2015	2016	2017
V	21.56	77.81 77.81 80.08	46.20
	47.01	- 14	- 84
	<u>68.57</u>	<u>✓ 16</u> 114	<u>< 37.80 ></u>
		- 48	
		✓ - 12	8
		✓ - 20	
		- 4	
		<u>< 36.19 ></u>	

S	25.83	93.15	55.35
	<u>56.25</u>	- 8 ✓	<u>- 82</u>
	82.08	✓ - 4	<u>< 26.65 ></u>
		✓ - 8 <i>24</i>	
		✓ - 4	21.5 - 16
		✓ - 2	
		<u>67.15</u>	

P	32	32
	- 20	- 8
		- 8

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 3-28-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 1/2 day 3-29, all day 3-30 + 3-31

TO: _____

PURPOSE: Personal

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cinderela Guevara - Pres. Co. Judge

DATE APPROVED: 03-28-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 4-7-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director


I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 5-2-16 Day of the week: Monday
TO: 5-2-16 Day of the week: Monday
PURPOSE: Personal - Dr Appt.

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS:
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez 

APPROVED BY: Cinderela Juarez

DATE APPROVED: 04-07-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 7-20-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: July 29, 2016
TO: Aug 5, 2016
PURPOSE: Personal

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS:
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cinderela Guevara

DATE APPROVED: 07-20-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 11-8-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 1/2 11-10 + all day 11-14-16

TO: _____

PURPOSE: Personal - Dr. appt. dates + times
changed by Dr. ofc. - due to holiday

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☒ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cirideula Juevas

DATE APPROVED: 11-10-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 11-29-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 11-30-16 1/2 day am Eye Dr Appt
TO: _____
PURPOSE: Personal

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cristina Juarez

DATE APPROVED: 11-29-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 11-29-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 12-1-16 2-hr. Dr Appt. Am
TO: _____
PURPOSE: Personal

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cipriela Guevara

DATE APPROVED: 11-29-16

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 12-14-16

EMPLOYEE NAME: Katie Sanchez

TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 12/15 1/2 day 12/16 1/2 day 12/17 1/2 day

TO: _____

PURPOSE: Personal Annual

*saturday
12/16*

(if work load permits)

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: 98 137 _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cipriano Juevara

DATE APPROVED: 12-13-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 12-21-16
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 1/2 days 12/21, 12/22, 12/28, 12/29 + 12/30
TO: _____ 1/2 days only if
PURPOSE: Personal work load permits

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Ciridelia Juevara

DATE APPROVED: 12-21-2016

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 4-3-17
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 4-7-17
TO: 4-7-17
PURPOSE: Personal

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Ciridela Juarez

DATE APPROVED: 04- -2017

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 4-3-17
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: Thurs. 4-13 + 4-17 Mon.

TO: _____

PURPOSE: Personal Vacation

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cirdeula Juarez

DATE APPROVED: 04-05-2017

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 4-3-17
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 5-15 + 5-16-17
TO: _____
PURPOSE: Dr. Appt. + Waylyn dentist

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cinderela Juarez

DATE APPROVED: 04-05-2017

RE: Vacation and sick time

From: presidiocountyomb@co.presidio.tx.us
Sent: Thu, Jul 27, 2017 at 1:55 pm
To: treasurer@co.presidio.tx.us

Please provide me a copy of reports

Katie

-----Original Message-----

From: treasurer@co.presidio.tx.us
Sent: Thursday, July 27, 2017 1:45pm
To: presidiocountyomb@co.presidio.tx.us
Subject: RE: Vacation and sick time

The amounts that are in there are correct now. I have reports to back it up.

-----Original Message-----

From: presidiocountyomb@co.presidio.tx.us
Sent: Thursday, July 27, 2017 10:34am
To: treasurer@co.presidio.tx.us
Subject: RE: Vacation and sick time

Cheryl,

I started on November 3, 2014, I started tracking days off March of 2016 and below is my calculations.

There have been 71 pay periods from 11-3-14 to 7-28-17

71 X 3.08 = 218.68 vacation
71 X 3.69 = 261.99 sick

Time off

Sick 135 hours
Vacation 138 hours
Personal 40 hours

Balance

Sick 123.99 hours
Vacation 83.68 hours
Personal 20 hours

Not sure how this compares to your calculations.

Katie

-----Original Message-----

From: treasurer@co.presidio.tx.us
Sent: Thursday, July 27, 2017 8:40am
To: "Katie Sanchez" <presidiocountyomb@co.presidio.tx.us>, "Estevan Marquez" <estevanmarquez@rocketmail.com>, "Sam Cobos" <facilitiesmanager@co.presidio.tx.us>

Subject: Vacation and sick time

You can check your check stubs on the first payroll in August. I tried to figure out what the time would have been for all of you from 2015 to present. Of course, I did not have time taken off from Katie and Sam for the year 2015. So what is in there is without the time off. If you have questions, I will try to explain what I did.

Cheryl Calvert
Deputy Treasurer
P.O. Box 1055
Marfa, Texas 79843
432-729-4076 (office)
432-729-4071 (fax)

6-28-17 - 7-11-17

12 V

8 S

5-31-17 2-13-17

44 V

14 S

20 V

5-17-17 - 5-30-17

8 V

4-5-17 4-18-17

24 V

8 S

3-8-17 3-21-17

50 S

2-22-17 - 3-7-17

8 S

8
8
8

RE: Vacation and sick time

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Sent: Thu, Jul 27, 2017 at 1:55 pm
To: treasurer@co.presidio.tx.us

Please provide me a copy of reports

Katie

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Sick 123.99 hours

Vacation 83.68 hours

Personal 20 hours

Not sure how this compares to your calculations.

Katie

-----Original Message-----

From: treasurer@co.presidio.tx.us
Sent: Thursday, July 27, 2017 8:40am
To: "Katie Sanchez" <presidiocountyomb@co.presidio.tx.us>, "Estevan Marquez" <estevanmarquez@rocketmail.com>, "Sam Cobos" <facilitiesmanager@co.presidio.tx.us>

PAYROLL CHANGE FORM
(Attach Any Calculations)

Date: 12-5-17

Employee Name: Sanchez, Mary Emp. No: _____ Hourly ☐
 Position Hired: _____ Salary ☐
 Employee Dept: _____ Dept. No. _____ Elected ☐
 Hire Date: _____ Retirement Date: _____ Appointed ☐
 Termination Date: _____ Final Termination Check: _____

Beginning Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____
 Change Salary Amount: \$ _____ Effective Date: _____
 Hourly Rate: \$ _____ Daily Rate: \$ _____

Withholding Changes on W-4: (Attach W-4): _____

Changes To Deductions:

	<u>Current</u>	<u>New</u>		<u>Current</u>	<u>New</u>
BCBS Health Ins:	<u>263.14</u>	<u>271.70</u>	County	Child Support:	_____
BCBS Health Ins:	<u>101.44</u>	<u>104.77</u>	Employee	Student Loan:	_____
Ameritas Vision Ins:	_____	_____		Deferred Comp:	_____
Life Insurance :	_____	_____		Other:	_____
AFLAC:	_____	_____			

Adjustment To Leave Time:

<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>	<u>Current</u>	<u>New</u>
Comp: _____	_____	Vac: _____	_____	Sick: _____	_____
Comp Change: _____		Vac. Change: _____		Sick Change: _____	
Holiday Bonus: _____		Paid Holiday: _____		Personal: _____	
HB Change: _____		PH Change: _____		Pers. Change: _____	

Adjustment To Pay:

<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>	<u>Hours</u>	<u>Rate</u>
Straight Time: _____	_____	Overtime: _____	_____	Transport: _____	_____

Comp Time Pay Out:

Threshold Pay Out: _____ Termination Pay Out: _____ Hours: _____ Rate: _____

Vacation Pay Out Due To Termination:

Hours: _____ Rate: _____

Leave of Absence With Pay/Without Pay (Circle one)

Family Leave: _____	Beg. Date: _____ thru _____
Medical: _____	Beg. Date: _____ thru _____
Worker's Comp: _____	Beg. Date: _____ thru _____
Law Enf. WC: _____	Beg. Date: _____ thru _____

Option To Terminate After 12 weeks of Worker's Comp: _____ Date: _____

Explanation: Insurance premium increaseApproved by Treasurer: Frances Garcia
(Signature & Date)

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 10-30-17
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: November 20, 2017 Dr Appt.
TO: November 21, 2017 Dentist Appt.
PURPOSE: Personal - Sick
Dr

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☒ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS: _____
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cinderella Puvara

DATE APPROVED: 10-30-17 Verbal approval rec'd 10-30-17 1:27 PM

EMPLOYER CAFETERIA PLAN SALARY REDIRECTION/REDUCTION AGREEMENT

EMPLOYER: PRESIDIO COUNTYEMPLOYER'S TAX ID NUMBER: 746001689

AFFILIATE'S NAME/LOCATION: _____

AFFILIATE'S TAX ID NUMBER: _____

Flex One® FSA? ☒ Yes ☐ NoCAFETERIA PLAN YEAR: 1/1/2017 - 12/31/2017(CHECK ONE) ☒ OPEN ENROLLMENT OR ☐ NEWLY ELIGIBLE EMPLOYEE, ELIGIBILITY DATE: ____/____/____SOCIAL SECURITY NO.: 000000000DATE OF BIRTH: ██████

PHONE: () _____

NAME: (Last) SANCHEZ(First) MARY

(Middle Initial) _____

STREET ADDRESS: PO BOX 1361CITY: MARFASTATE: TXZIP: 79845

E-MAIL: _____

No. of Payroll Cycles in Plan Year: _____ Date of first deduction: 1/1/2017 Payroll Mode: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☒ Monthly

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution and/or Flexible Spending Account(s) (FSA) election amounts will be deducted from my paycheck by my employer or Third Party Payroll Administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage and/or FSA account election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement. Amounts corresponding to "employer-provided" non-elective benefits (if any) will not be deducted from my paycheck. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible Benefits Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Flexible Benefits Plan relating to the same benefits as selected below are hereby revoked. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

Check the desired coverage(s) below. (Note: If this is an annual enrollment, your existing coverage elections will remain the same (as adjusted for any increase/decrease in premium or required contribution) except as indicated below.)

	Pre-tax	After-tax		Pre-tax	After-tax
Medical Coverage	_____	_____	Accident Insurance	_____	_____
Dental Insurance	_____	_____	Short-Term Disability Insurance	_____	_____
Vision Care Insurance	_____	_____	Long-Term Disability Insurance	_____	_____
Cancer Insurance	_____	_____	Hospital Indemnity Insurance	_____	_____
Intensive Care Insurance	_____	_____	Personal Sickness Indemnity	_____	_____
Specified-Health Event	_____	_____	Health Savings Account (HSA) \$223	_____	_____
Group Term Life Insurance	_____	_____	Other accident or health plan(s) under Section	_____	_____
(if family, must be after-tax)	_____	_____	106 of the Internal Revenue Service Code	_____	_____
			List:		

Complete the following section *only* if participating in a Medical or Dependent Care Reimbursement Plan:

Medical FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election
 Dependent Care FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election

Required acknowledgment to participate in Flexible Benefits Plans:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. By Initialing, I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

INITIAL

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN:

I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the plan.

INITIAL

EMPLOYEE'S SIGNATURE: _____

DATE: _____

Presidio County**Time Record**

Employee Name: Mary Sanchez Department: Tail Ofc.
 Address: P.O. Box 1361 Marysville 9843
 Date of Birth: [REDACTED] Sex: M F Title:
 Pay Period From: To: 9-23-11
 Work Period From: To:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Hours Worked									9-19 3		9-21 2.5		
Annual Leave													
Sick Leave													

Total Hours Worked:

5.5

Remarks:

I certify that this time record is correct and that payment has not been received.

Employee Signature:

Mary Sanchez

Date:

9-23-11

I certify that this report is correct and approved for payment.

Supervisor Signature:

Date:

RECEIVED
9-26

173590

Presidio County**Time Record**

Employee Name: Mary Sanchez Department: Tail Off.
 Address: P.O. Box 1346 Maricopa 79843
 Date of Birth: [REDACTED] Sex: M F Title:
 Pay Period From: To: 9-23-11
 Work Period From: To:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Hours Worked									9-19 3		9-21 2.5		
Annual Leave													
Sick Leave													

Total Hours Worked:

5.5

Remarks:

I certify that this time record is correct and that payment has not been received.

Employee Signature: Mary Sanchez Date: 9-23-11

I certify that this report is correct and approved for payment.

Supervisor Signature: Norma Z. Chavez Date: 9-23-11

MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

[REDACTED]

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 09/26/2011
REG-NO - [REDACTED]
REG-DATE ----- 09/26/2011

137.50

CHECK-NUMBER - 00069936
PAID-TO - MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 09/26/2011
REG-NO - [REDACTED]
REG-DATE ----- 09/26/2011

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TAX OFFICE-RECONCILE BK. STATEMENTS	137.50

TOTAL

137.50

TIME RECORD

Katy
 NAME Mary Sanchez DEPARTMENT Tax Office
 ADDRESS P.O. Box 1361 Marfa, TX 79843
 DATE OF BIRTH [REDACTED] SEX M F TITLE _____
 PAY PERIOD FROM 4-24-11 TO 5-7-11
 WORK PERIOD FROM _____ TO _____

	24 SUN	25 MON	26 TUE	27 WED	28 THU	29 FRI	30 SAT	1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT
HOURS WORKED			2	3 ⁹⁻¹²						3				
ANNUAL LEAVE														
SICK LEAVE														

TOTAL HOURS WORKED 8

REMARKS _____

I certify that this time record is correct and that payment has not been received

Mary Sanchez
 Employee signature

I certify this report is correct and approved for payment:

Norma E. Amigo
 Official signature

72025
 RECEIVED
 15-9

COUNTY OF PRESIDIO

MARFA, TEXAS 79843

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
069038	GENERAL FUND	05/10/11	TAX OFFICE-RECONCILE BK. STATEMENTS	200.00
TOTAL AMOUNT				200.00

MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

COUNTY OF PRESIDIO
P.O. BOX 1055 • MARFA, TEXAS 79843
AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT
PAY
TO THE
ORDER OF MARY SANCHEZ

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

DATE 05/10/2011 CHECK NO. 00069038

AMOUNT \$*****200.00

VOID IF NOT CASHED WITHIN
90 DAYS FROM DATE OF ISSUE

THE SUM OF Two hundred and 00/100***** DOLLARS

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Sue Williams
COUNTY TREASURER

[Signature]
COUNTY CLERK

CHECK-NUMBER - 00069038
PAID-TO - MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 05/10/2011
REG-NO - [REDACTED]
REG-DATE ----- 05/10/2011

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TAX OFFICE-RECONCILE BK. STATEMENTS	200.00

TOTAL

200.00

RESIDIO COURT
TIME RECORD

NAME Mary Sanchez DEPARTMENT Tail Office
 ADDRESS P.O. Box 1361 maria
 DATE OF BIRTH [REDACTED] SEX M ☒ F TITLE _____
 PAY PERIOD FROM 4-22 to 6-4-11 TO _____
 WORK PERIOD FROM _____ TO _____

	22 SUN	23 MON	24 TUE	25 WED	26 THU	27 FRI	28 SAT	29 SUN	30 MON	31 TUE	1 WED	2 THU	3 FRI	4 SAT
HOURS WORKED		2.5										3		
ANNUAL LEAVE														
SICK LEAVE														

TOTAL HOURS WORKED 5.5

REMARKS _____

I certify that this time record is correct and that payment has not been received.

Mary Sanchez
Employee signature

I certify this report is correct and approved for payment:

Norma E. Arroyo
06-06-11
Official signature

72306
RECEIVED
6-6

COUNTY OF PRESIDIO

MARFA, TEXAS 79843

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
069197	GENERAL FUND	06/07/11	TAX OFFICE-RECONCILE BK. STATEMENTS	137.50
TOTAL AMOUNT				137.50

MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

COUNTY OF PRESIDIO
P.O. BOX 1055 • MARFA, TEXAS 79843
AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT

DATE 06/07/2011 CHECK NO. 00069197

PAY TO THE ORDER OF MARY SANCHEZ

AMOUNT \$*****137.50

VOID IF NOT CASHED WITHIN 90 DAYS FROM DATE OF ISSUE

THE SUM OF One hundred thirty-seven and 50/100 ***** DOLLARS

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Leno Williams
COUNTY TREASURER

[Signature]
COUNTY CLERK

CHECK-NUMBER - 00069197
PAID-TO - MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 06/07/2011
REG-NO - [REDACTED]
REG-DATE ----- 06/07/2011

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TAX OFFICE-RECONCILE BK. STATEMENTS	137.50

TOTAL

137.50

Presidio County**Time Record**Employee Name: Mary SanchezDepartment: Tax OfficeAddress: P.O. Box 1361Date of Birth: [REDACTED]Sex: M ☒ F Title:

Pay Period From:

To:

Work Period From:

To:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
		7-25-11	8-3-11	8-23-11									
Hours Worked		2.5	1.5	2.0									
Annual Leave													
Sick Leave													

Total Hours Worked:

6 hrs.

Remarks:

I certify that this time record is correct and that payment has not been received.

Employee Signature:

Mary Sanchez

Date:

8-26-11

I certify that this report is correct and approved for payment.

Supervisor Signature:

Thomas E. Alvarez

Date:

8-29-11

#73768

COUNTY OF PRESIDIO

MARFA, TEXAS 79843

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
069781	GENERAL FUND	08/30/11	TAX OFFICE-RECONCILE BK. STATEMENTS	150.00
TOTAL AMOUNT				150.00

MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

COUNTY OF PRESIDIO
P.O. BOX 1055 · MARFA, TEXAS 79843

DATE 08/30/2011 CHECK NO. 00069781

AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT

PAY TO THE ORDER OF MARY SANCHEZ

AMOUNT: \$*****150.00

VOID IF NOT CASHED WITHIN
90 DAYS FROM DATE OF ISSUE

THE SUM OF One hundred fifty and 00/100***** DOLLARS

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Anne Wilkins
COUNTY TREASURER

Julia Fallon
COUNTY CLERK

CHECK-NUMBER - 00069781
PAID-TO - MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 08/30/2011
REG-NO - [REDACTED]
REG-DATE ----- 08/30/2011

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TAX OFFICE-RECONCILE BK. STATEMENTS	150.00

TOTAL

150.00

Aflac[™] PREMIUM DEDUCTION AUTHORIZATION/WAIVER OF PARTICIPATION

Employee's name **SANCHEZ, MARY C**
 Last First MI

SSN/Emp. ID XXXXXXXXXX

I hereby authorize my employer:

PRESIDIO COUNTY

employer Payroll Account No. **58205** to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance policy(ies) purchased through Aflac. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings.

In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next policy(ies) anniversary date(s), unless due to a change in family status and permitted by my employer.

Signature of

Applicant

Date

WAIVER OF PARTICIPATION

I certify that the features and benefits of Aflac's guaranteed-renewable insurance policies have been explained to me completely.

I understand that these policies are offered through my employer by payroll deduction.

☒ I am NOT currently an Aflac policyholder and have decided to waive my opportunity to participate at this time.

☐ I am currently an Aflac policyholder and have decided not to upgrade to any newer policies at this time.

EMPLOYEE
SIGNATURE

Mary C. Sanchez

DATE **12/16/2014**

Insurance Agent/Producer

GLASSCOCK, JAMES B

Date

12/16/2014

Insurance Agent/Producer's Writing No.

J4926

Insurance Agent/Producer's Phone No.

(432) 294-0972

M0083B

American Family Life Assurance Company of Columbus (Aflac) • Worldwide Headquarters • Columbus, GA 31999

4/07

Dept. No. _____
 Location _____
 Date of first deduction _____
 Deduction Mode ☐ Weekly ☐ Biweekly ☐ Semimonthly ☒ Monthly

	OLD		NEW	
	AFTER-TAX	PRE-TAX	AFTER-TAX	PRE-TAX
<input type="checkbox"/> Other _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Specified-Disease (Cancer) _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Return of Premium Rider _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Dental _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Vision _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> LTC _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Hospital Intensive Care _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Specified Health Event _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Hospital Confinement Indemnity _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Accident _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Disability Rider _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Short-Term Disability _____	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Life _____	\$ _____	_____	\$ _____	_____
Employee	\$ _____	_____	\$ _____	_____
Dependent	\$ _____	_____	\$ _____	_____
TOTAL	\$ \$0.00	\$0.00	\$ \$0.00	\$0.00

The amount of deduction and frequency thereof shall be determined by my employer and based on a plan that will comply with the payment checked above.

Payroll Account

EMPLOYER CAFETERIA PLAN SALARY REDIRECTION/REDUCTION AGREEMENT

EMPLOYER: PRESIDIO COUNTYEMPLOYER'S TAX ID NUMBER: 746001689

AFFILIATE'S NAME/LOCATION: _____

AFFILIATE'S TAX ID NUMBER: _____

Flex One® FSA? ☒ Yes ☐ NoCAFETERIA PLAN YEAR: 1/1/2015 - 12/31/2015(CHECK ONE) ☒ OPEN ENROLLMENT OR ☐ NEWLY ELIGIBLE EMPLOYEE, ELIGIBILITY DATE: ____/____/____SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ PHONE: 4327294392NAME: (Last) SANCHEZ (First) MARY (Middle Initial) CSTREET ADDRESS: PO BOX 1361CITY: MARFA STATE: TX ZIP: 79843

E-MAIL: _____

No. of Payroll Cycles in Plan Year: _____ Date of first deduction: 1/10/2015 Payroll Mode: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☒ Monthly

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution and/or Flexible Spending Account(s) (FSA) election amounts will be deducted from my paycheck by my employer or Third Party Payroll Administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage and/or FSA account election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement. Amounts corresponding to "employer-provided" non-elective benefits (if any) will not be deducted from my paycheck. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible Benefits Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Flexible Benefits Plan relating to the same benefits as selected below are hereby revoked. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

Check the desired coverage(s) below. (Note: If this is an annual enrollment, your existing coverage elections will remain the same (as adjusted for any increase/decrease in premium or required contribution) except as indicated below.)

	<u>Pre-tax</u>	<u>After-tax</u>		<u>Pre-tax</u>	<u>After-tax</u>
Medical Coverage	_____	_____	Accident Insurance	_____	_____
Dental Insurance	_____	_____	Short-Term Disability Insurance	_____	_____
Vision Care Insurance	_____	_____	Long-Term Disability Insurance	_____	_____
Cancer Insurance	_____	_____	Hospital Indemnity Insurance	_____	_____
Intensive Care Insurance	_____	_____	Personal Sickness Indemnity	_____	_____
Specified-Health Event	_____	_____	Health Savings Account (HSA) \$223	_____	_____
Group Term Life Insurance	_____	_____	Other accident or health plan(s) under Section	_____	_____
(If family, must be after-tax)	_____	_____	106 of the Internal Revenue Service Code	_____	_____
			List:		

Complete the following section only if participating in a Medical or Dependent Care Reimbursement Plan:

Medical FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election

Dependent Care FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election

Required acknowledgment to participate in Flexible Benefits Plans:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. By Initialing, I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

INITIAL

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN:

I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the plan.

INITIAL

MCS

EMPLOYEE'S SIGNATURE: Mary C. SanchezDATE: 12/16/2014

Aflac™ PREMIUM DEDUCTION AUTHORIZATION/WAIVER OF PARTICIPATION

Employee's name **SANCHEZ, MARY C**
 Last First MI

SSN/Emp. ID XXXXXXXXXX

I hereby authorize my employer:

PRESIDIO COUNTY

employer Payroll Account No. **58205** to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance policy(ies) purchased through Aflac. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings.

In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next policy(ies) anniversary date(s), unless due to a change in family status and permitted by my employer.

Signature of Applicant _____ Date _____

WAIVER OF PARTICIPATION

I certify that the features and benefits of Aflac's guaranteed-renewable insurance policies have been explained to me completely.

I understand that these policies are offered through my employer by payroll deduction.

☒ I am NOT currently an Aflac policyholder and have decided to waive my opportunity to participate at this time.

☐ I am currently an Aflac policyholder and have decided not to upgrade to any newer policies at this time.

EMPLOYEE SIGNATURE Mary Sanchez DATE **12/9/2015**

Insurance Agent/Producer
GLASSCOCK, JAMES B

Date
12/7/2015

Insurance Agent/Producer's Writing No.
J4926

Insurance Agent/Producer's Phone No.
(432) 294-0972

Dept. No. _____
 Location _____
 Date of first deduction _____
 Deduction Mode ☐ Weekly ☐ Biweekly ☐ Semimonthly ☒ Monthly

	OLD		NEW	
	AFTER-TAX	PRE-TAX	AFTER-TAX	PRE-TAX
<input type="checkbox"/> Other	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Specified-Disease (Cancer)	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Return of Premium Rider	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Dental	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Vision	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> LTC	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Hospital Intensive Care	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Specified Health Event	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Hospital Confinement Indemnity	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Accident	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Disability Rider	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Short-Term Disability	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Life	\$ _____	_____	\$ _____	_____
Employee	\$ _____	_____	\$ _____	_____
Dependent	\$ _____	_____	\$ _____	_____
TOTAL	\$ \$0.00	\$0.00	\$ \$0.00	\$0.00

The amount of deduction and frequency thereof shall be determined by my employer and based on a plan that will comply with the payment checked above.

Payroll Account

M0083B

American Family Life Assurance Company of Columbus (Aflac) • Worldwide Headquarters • Columbus, GA 31999

4/07

PC 00083

EMPLOYER CAFETERIA PLAN SALARY REDIRECTION/REDUCTION AGREEMENT

EMPLOYER: PRESIDIO COUNTYEMPLOYER'S TAX ID NUMBER: 746001689

AFFILIATE'S NAME/LOCATION: _____

AFFILIATE'S TAX ID NUMBER: _____

Flex One® FSA? ☒ Yes ☐ NoCAFETERIA PLAN YEAR: 1/1/2016 - 12/31/2016(CHECK ONE) ☒ OPEN ENROLLMENT OR ☐ NEWLY ELIGIBLE EMPLOYEE, ELIGIBILITY DATE: ____/____/____SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ PHONE: 4327294392NAME: (Last) SANCHEZ (First) MARY (Middle Initial) CSTREET ADDRESS: PO BOX 1361CITY: MARFASTATE: TXZIP: 79843

E-MAIL: _____

No. of Payroll Cycles in Plan Year: _____ Date of first deduction: 1/1/2016 Payroll Mode: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☒ Monthly

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution and/or Flexible Spending Account(s) (FSA) election amounts will be deducted from my paycheck by my employer or Third Party Payroll Administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage and/or FSA account election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement. Amounts corresponding to "employer-provided" non-elective benefits (if any) will not be deducted from my paycheck. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible Benefits Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Flexible Benefits Plan relating to the same benefits as selected below are hereby revoked. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

Check the desired coverage(s) below. (Note: If this is an annual enrollment, your existing coverage elections will remain the same (as adjusted for any increase/decrease in premium or required contribution) except as indicated below.)

	<u>Pre-tax</u>	<u>After-tax</u>		<u>Pre-tax</u>	<u>After-tax</u>
Medical Coverage	_____	_____	Accident Insurance	_____	_____
Dental Insurance	_____	_____	Short-Term Disability Insurance	_____	_____
Vision Care Insurance	_____	_____	Long-Term Disability Insurance	_____	_____
Cancer Insurance	_____	_____	Hospital Indemnity Insurance	_____	_____
Intensive Care Insurance	_____	_____	Personal Sickness Indemnity	_____	_____
Specified-Health Event	_____	_____	Health Savings Account (HSA) §223	_____	_____
Group Term Life Insurance	_____	_____	Other accident or health plan(s) under Section	_____	_____
(if family, must be after-tax)	_____	_____	106 of the Internal Revenue Service Code	_____	_____
			List:		

Complete the following section only if participating in a Medical or Dependent Care Reimbursement Plan:

Medical FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election
 Dependent Care FSA Plan: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____ Annual Election

Required acknowledgment to participate in Flexible Benefits Plans:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. By initialing, I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

INITIAL

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN:

I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the plan.

INITIAL

EMPLOYEE'S SIGNATURE: Mary SanchezDATE: 12/9/2016

PRESIDIO COUNTY TIME SHEET

NAME Mary Sanchez DEPARTMENT OMBJOB TITLE DirectorPAY PERIOD from 12-14-2016 to 12-27-2016 (mm/dd/yr)I certify that this time record is correct Mary Sanchez (employee signature)

I certify that this record is correct and approved _____ (official signature)

DATE	14	15	16	17	18	19	20	21	22	23	24	25	26	27	OFFICE USE ONLY
HOURS WORKED	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	
Assignment 1*	8	4	4			9	9	4	4	H			H	H	42
Assignment 2*															
TOTAL HOURS WORKED															

OTHER PAID HOURS															
Paid Holiday										8			8	8	24
Comp Used															
Vacation Used		3 4	3 4					4	4						14
Sick Used															
Personal Used															
DAILY TOTAL	8	8	8			9	9	8	8	8			8	8	

Holiday Bonus															
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REMARKS _____

* Assignment 1 is your regular work assignment. Assignment 2 is a secondary assignment that is paid at a different hourly rate or is eligible for overtime pay. (i.e., Transport, Stonegarden, Elections)

WK1
34 ST
6 vac
40

WK2
8 ST
8 vac
24 PH
32

42 ST
14 vac
24 PH
80

80
4147V

TIME OFF REQUEST FORM
COUNTY OF PRESIDIO

DATE: 8-1-17
EMPLOYEE NAME: Katie Sanchez
TITLE: OMB Director

I WOULD LIKE TO REQUEST TIME OFF ON THE FOLLOWING DATES/HOURS:

FROM: 8-9-17
TO: 8-11-17
PURPOSE: Personal

TIME CHARGED TO (CHECK ONE):

☐ ANNUAL LEAVE ☐ SICK LEAVE ☐ COMPENSATORY TIME

AVAILABLE HOURS:
ANNUAL SICK COMP

EMPLOYEE SIGNATURE: Katie Sanchez

APPROVED BY: Cinderela Quevera

DATE APPROVED: 08-08-2017

RESIDIO COUNTY
TIME RECORD

NAME Mary Sanchez DEPARTMENT Tax Office
ADDRESS P.O. Box 1361 Marfa, Texas 79843
DATE OF BIRTH [REDACTED] SEX M ☒ F TITLE SS# [REDACTED]
PAY PERIOD FROM _____ TO _____
WORK PERIOD FROM _____ TO _____

<u>2011</u> <u>Mar</u> <u>April</u>	<u>27</u> <u>SUN</u>	<u>28</u> <u>MON</u>	<u>29</u> <u>TUE</u>	<u>30</u> <u>WED</u>	<u>31</u> <u>THU</u>	<u>1</u> <u>FRI</u>	<u>2</u> <u>SAT</u>	<u>3</u> <u>SUN</u>	<u>4</u> <u>MON</u>	<u>5</u> <u>TUE</u>	<u>6</u> <u>WED</u>	<u>7</u> <u>THU</u>	<u>8</u> <u>FRI</u>	<u>9</u> <u>SAT</u>
HOURS WORKED				<u>1</u>		<u>3</u>				<u>3</u>		<u>2</u>		
ANNUAL LEAVE														
SICK LEAVE														

TOTAL HOURS WORKED 9 hrs @ 25.00 ea.

REMARKS reconcile bank statements

I certify that this time record is correct and that payment has not been received

Mary Sanchez
Employee signature

I certify this report is correct and approved for payment:

Norma E. Cunningham
Official signature

Rec'd 4-13-11
Debit 10-117-460
Credit
Amount 285.
Inv. No. 71714
Check No. _____

COUNTY OF PRESIDIO

MARFA, TEXAS 79843

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
068929	GENERAL FUND	04/13/11	TAX OFFICE-RECONCILE BK. STATEMENTS	225.00
TOTAL AMOUNT				225.00

MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

COUNTY OF PRESIDIO
P.O. BOX 1055 • MARFA, TEXAS 79843

DATE 04/13/2011 CHECK NO. 00068929

AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT

PAY TO THE ORDER OF MARY SANCHEZ

AMOUNT \$*****225.00

VOID IF NOT CASHED WITHIN
90 DAYS FROM DATE OF ISSUE

THE SUM OF Two hundred twenty-five and 00/100 ***** DOLLARS

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Lane Williams
COUNTY TREASURER

Virginia [Signature]
COUNTY CLERK

CHECK-NUMBER - 00068929
PAID-TO - MARY SANCHEZ
PO BOX 1361
MARFA, TX 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 04/13/2011
REG-NO - [REDACTED]
REG-DATE ---- 04/13/2011

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TAX OFFICE-RECONCILE BK. STATEMENTS	225.00

TOTAL

225.00

Presidio County**Time Record**

Employee Name:

Mary Sanchez

Department:

Tax Office

Address:

Date of Birth:

Sex: M F Title:

Pay Period From:

To:

Work Period From:

To:

2012

	Sun 1-1	Mon 1-2	Tue 1-3	Wed 1-4	Thu 1-5	Fri 1-6	Sat 1-7	Sun 1-8	Mon 1-9	Tue 1-10	Wed 1-11	Thu 1-12	Fri 1-13
Hours Worked									1.5		1.5		
Annual Leave													
Sick Leave													

Total Hours Worked:

3-hrs.

Remarks:

I certify that this time record is correct and that payment has not been received.

Employee Signature:

Mary Sanchez

Date:

1-13-2012

I certify that this report is correct and approved for payment.

Supervisor Signature:

Norma E. Andrade

Date:

*1-27-12**#75182*

Presidio County**Time Record**

Employee Name: Mary Sanchez Department: Tax Office
 Address: _____
 Date of Birth: _____ Sex: M F Title: _____
 Pay Period From: _____ To: _____
 Work Period From: _____ To: _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Hours Worked			1-17 6										
Annual Leave													
Sick Leave													

Total Hours Worked:

6 hrs.

Remarks:

I certify that this time record is correct and that payment has not been received.

Employee Signature:

Mary Sanchez

Date:

1-26-12

certify that this report is correct and approved for payment.

Supervisor Signature:

Normae Anaya

Date:

1-27-12

COUNTY OF PRESIDIO

MARFA, TEXAS 79843

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
070904	GENERAL FUND	01/30/12	TEMPORARY WORK IN TAX OFFICE	225.00
TOTAL AMOUNT				225.00

MARY SANCHEZ
MARFA, TEXAS 79843

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

COUNTY OF PRESIDIO
P.O. BOX 1055 • MARFA, TEXAS 79843
AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT
PAY TO THE ORDER OF MARY SANCHEZ

DATE 01/30/2012 CHECK NO. 00070904

AMOUNT \$*****225.00

VOID IF NOT CASHED WITHIN 90 DAYS FROM DATE OF ISSUE

THE SUM OF Two hundred twenty-five and 00/100 ***** DOLLARS

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Sue Williams
COUNTY TREASURER

James P. Kelly
COUNTY CLERK

CHECK-NUMBER - 00070904
PAID-TO - MARY SANCHEZ
MARFA, TEXAS 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 01/30/2012
REG-NO - [REDACTED]
REG-DATE ----- 01/30/2012

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TEMPORARY WORK IN TAX OFFICE	225.00

TOTAL

225.00

Presidio County**Time Record**

Employee Name: Mary Sanchez Department: Tax Ofc.
 Address: P.O. Box 1361 Mary, TX
 Date of Birth: [REDACTED] Sex: M Title: F
 Pay Period From: _____ To: _____
 Work Period From: _____ To: _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Hours Worked													
Annual Leave													
Sick Leave													

Total Hours Worked:

4 hrs.

Remarks:

I certify that this time record is correct and that payment has not been received.

Employee Signature:

Mary Sanchez

Date:

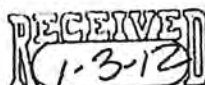
12-29-11

I certify that this report is correct and approved for payment.

Supervisor Signature:

Norma E. Amador

Date:

12-29-1174876

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
070727	GENERAL FUND	01/03/12	TEMPORARY WORK IN TAX OFFICE	100.00
TOTAL AMOUNT				100.00

MARY SANCHEZ
MARFA, TEXAS 79843

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

COUNTY OF PRESIDIO
P.O. BOX 1055 • MARFA, TEXAS 79843
AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT
PAY TO THE ORDER OF MARY SANCHEZ
THE SUM OF One hundred and 00/100 ***** DOLLARS

DATE 01/03/2012 CHECK NO. 00070727

AMOUNT
\$*****100.00
VOID IF NOT CASHED WITHIN
90 DAYS FROM DATE OF ISSUE

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Lane Williams
COUNTY TREASURER

COUNTY CLERK

CHECK-NUMBER - 00070727
PAID-TO - MARY SANCHEZ
MARFA, TEXAS 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 01/03/2012
REG-NO - [REDACTED]
REG-DATE ----- 01/03/2012

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TEMPORARY WORK IN TAX OFFICE	100.00

TOTAL

100.00

Presidio County**Time Record**Employee Name: Mary Sanchez

Department: _____

Address: _____

Date of Birth: _____

Sex: M F Title: _____

Pay Period From: _____

To: _____

Work Period From: _____

To: _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
		9-26		9-28			10-12		10-19				
Hours Worked		3		3			3		3				
Annual Leave													
Sick Leave													

Total Hours Worked: _____

Remarks: _____

I certify that this time record is correct and that payment has not been received.

Employee Signature: Mary Sanchez

Date: _____

I certify that this report is correct and approved for payment.

Supervisor Signature: _____

Date: _____

#74013

COUNTY OF PRESIDIO

MARFA, TEXAS 79843

CHECK NO.	FUND	DATE	DESCRIPTION	AMOUNT
070163	GENERAL FUND	10/21/11	TAX OFFICE BANK STATEMENTS	300.00
TOTAL AMOUNT				300.00

MARY SANCHEZ
MARFA, TEXAS 79843

DOCUMENT HAS INVISIBLE FIBERS, WATERMARK & CURRENCY BORDER

COUNTY OF PRESIDIO
P.O. BOX 1055 • MARFA, TEXAS 79843
AMOUNT ALLOCATED FROM GENERAL FUND
BY THE COMMISSIONERS COURT
PAY TO THE ORDER OF MARY SANCHEZ

DATE 10/21/2011 CHECK NO. 00070163

AMOUNT \$*****300.00
VOID IF NOT CASHED WITHIN
90 DAYS FROM DATE OF ISSUE

THE SUM OF Three hundred and 00/100 ***** DOLLARS

THE MARFA NATIONAL BANK
MARFA, TEXAS

Mary Sanchez Williams
COUNTY TREASURER
Theresa F. Long
COUNTY CLERK

CHECK-NUMBER - 00070163
PAID-TO - MARY SANCHEZ
MARFA, TEXAS 79843

BANK ACCOUNT - [REDACTED]
CHECK-DATE --- 10/21/2011
REG-NO - [REDACTED]
REG-DATE ----- 10/21/2011

ACCOUNT-NO	INVOICE-NO	INVOICE-DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]	TAX OFFICE BANK STATEMENTS	300.00

TOTAL

300.00

August 10, 2018

Mary Sanchez

As of August 10, 2018, the following documents are in Ms. Sanchez personnel file in the Presidio County Treasurer's Office.

1. Payroll change form dated 12/05/2017
2. Time off request form dated 10/30/2017
3. Employee leave history report dated 09/28/2018
4. Time off request form dated 08/01/2017
5. Email dated 07/27/2017
6. Time off request form dated 04/03/2017
7. Time off request form dated 04/03/2017
8. Time off request form dated 04/03/2017
9. AFLAC premium deduction authorization/waver form dated 01/27/2017
10. Copy of check dated 01/13/2017
11. Copy of time sheet dated 12/27/2016
12. Time off request form dated 12/21/2016
13. Time off request form dated 12/14/2016
14. Time off request form dated 11/29/2016
15. Time off request form dated 11/29/2016
16. MASA application dated 11/10/2016
17. Time off request form dated 11/08/2016
18. Letter reference overpayment dated 09/06/2016
19. Time off request form dated 07/20/2016
20. Copy of check dated 07/01/2016
21. Time off request form dated 05/13/2016
22. Time off request form dated 04/07/2016
23. Time off request form dated 03/28/2016
24. Letter from Judge dated 03/09/2016
25. Conflict of interest disclosure statement dated 01/25/2016
26. Ameritas application dated 10/14/2015
27. AFLAC premium deduction authorization/waver form dated 12/07/2015
28. Authorization Agreement dated 11/03/2014
29. TACHEBP application not dated
30. Copy of driver's license
31. W-4 (2014) dated 11/03/2014
32. AFLAC premium deduction authorization/waver form dated 12/16/2014
33. Time sheet dated 01/27/2012
34. Time sheet dated 12/29/2011
35. Time sheet dated 06/07/2011

- 36. Time sheet dated 09/23/2011
- 37. Time sheet not dated (10/21/2011)
- 38. Time sheet dated 08/26/2011
- 39. Time sheet dated 05/10/2011
- 40. Time sheet dated 04/13/2011
- 41. Employer Cafeteria Plan not signed and not dated
- 42. ~~19~~ - 11/3/14

Thank You,

Frances
Presidio County Treasurer

Received by

Katie Sanchez

Date:

8-10-18

MEMO

To: Presidio Co. Commissioners Court ("CCT")
 From: Presidio Co. Auditor
 Subject: Plan to Complete/Make Operational OMB
 Date: June 19, 2014

This CCT was wise when it determined during FY [2013] that Presidio County would be best positioned to satisfy: i) its duties to Texas regarding compliance with the laws pertinent to the operation of County Govt., and ii) its duties to the taxpayers and citizens of Presidio County by creating the Office of Management & Budget ("OMB").

The original objective was and remains to make permanent, or "institutionalize" core financial and administrative functions, which, among other things, helps ensure:

- Timely, accurate financial information
- Positions the County to comply with transparency statutes for greater accountability
- Restores the County's outside reputation with creditors and vendors by moving towards unqualified annual independent audits, and
- Makes permanent well designed, fully implemented and closely monitored operational procedures that have a financial impact due to their connection to revenues and/or expenditures.

OMB Objectives:

This office will have wide ranging duties, as outlined subsequently herein. The "mission" of OMB is to:

- enhance the effective, efficient operation of Presidio County,
- maintain fiscal integrity and financial condition
- operating under the guidance of the Co. Auditor, develop, implement and enforce appropriate policies and procedures
- provide timely, accurate and objective information and recommendations
- assist in preparing and administering operating and capital budgets
- help ensure resources are efficiently allocated and productively utilized.

County Auditor's Role:

EXHIBIT

Sanchez 01

exhibitsicker.com

**DEFENDANT'S
EXHIBIT**

2

**PRESIDIO COUNTY
POSITIONS FOR PROJECT COORDINATORS
WILL COMPOSE THE NEW OFFICE OF MANAGEMENT AND BUDGET (OMB)**

These new positions report to the Presidio County Judge with a salary commensurate with experience. Employee benefits include medical insurance, and retirement. These coordinators are expected to be self-motivated to initiate and manage all facets of multiple county projects from beginning to end. They will interface with the Judge, his administrative assistant, the appropriate Commissioner(s), county department heads, as well as other federal, state, and local officials.

Applicants must have a college degree or equivalent with experience in economics, business, or public administration, and planning. Bilingual skills with fluent Spanish is recommended. Excellent communication skills are a must.

The OMB will have the responsibility to coordinate projects for the following general areas: Border Infrastructure, Community and Environment, Emergency Services, Law Enforcement, Facilities and Parks, Capital Projects, Airports, and Economic Development.

Project coordinator functions will include grant applications and financial reporting as well as timely responses to grant notices and deadlines, solicitation for engineers and construction firms, bidding and selection process and contract compliance. Successful applicants will require sophisticated research and computer skills for data collection, analysis, and preparation of reports and presentations.

Send resumes to the Presidio County Judge's Office, P. O. Box 606, 300 N. Highland, Marfa, Texas 79843. More information can be obtained by calling 432-729-4452. Presidio County is an Affirmative Action/Equal Opportunity Employer and requires that all subcontractors do likewise.

1/20/2012

Message

From: presidiocountyomb@co.presidio.tx.us [presidiocountyomb@co.presidio.tx.us]
Sent: 1/31/2018 9:52:43 AM
To: Robert Rodriguez [robert.rodriguez@bigbend.com]
CC: Frances Garcia [treasurer@co.presidio.tx.us]
Subject: RE: Additional Forms for Service and Final Internal Meeting
Attachments: img-0.png

Robert,

I am forwarding this information to our Treasurers Department, they receive and pay all invoices and will be able to provide this information including phone numbers to BBT. Any questions regarding invoices/statements should be directed to Frances Garcia at the above email, or phone number 432-729-4076.

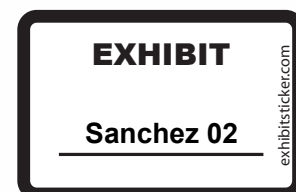
Katie

-----Original Message-----

From: "Robert Rodriguez" <robert.rodriguez@bigbend.com>
 Sent: Tuesday, January 30, 2018 2:54pm
 To: "OMB" <presidiocountyomb@co.presidio.tx.us>
 Cc: "Robert Rodriguez" <robert.rodriguez@bigbend.com>
 Subject: Additional Forms for Service and Final Internal Meeting

Good afternoon Ms. Sanchez. I wanted to let you know we are having a final internal meeting over how we will take care of the Presidio County courthouse build. I will also be able to provide a timeline to you and the judge regarding the project. I wanted to send over the port forms so that I can get a phone number count and make sure that we account for every number that will be needed from AT&T. If possible a phone bill for all of the numbers would be greatly appreciated as well. This will allow me to research all of the numbers and figure out how they will be ported over; i.e. by department or by bill. You can redact any prices or any information about usage except the account number and phone numbers. Please let me know if there is anything else I can do for you. Thank You and have a great afternoon!

Robert Rodriguez
Sales
808 N. 5th Street
Alpine, TX 79830
1.800.592.4781 Toll Free
1.432.364.0002 Direct
1.432.364.0023 Fax



Message

From: treasurer@co.presidio.tx.us [treasurer@co.presidio.tx.us]
Sent: 3/9/2018 12:32:49 PM
To: countyauditor@co.presidio.tx.us
Subject: RE: On call time

Patty,
 This was not meant for you. I meant to
 Send it to OMB. They do need to direct these
 questions to your office or mine.
 Sorry about that.

Frances

-----Original Message-----

From: "countyauditor@co.presidio.tx.us" <countyauditor@co.presidio.tx.us>
 Sent: Friday, March 9, 2018 12:14pm
 To: treasurer@co.presidio.tx.us
 Cc: presidiocountyomb@co.presidio.tx.us, "Cinderela Guevara" <countyjudge@co.presidio.tx.us>, "Eloy Aranda" <earanda@presidio-isd.net>, "Loretto Vasquez" <lore_asu@yahoo.com>
 Subject: RE: On call time

Sorry Frances. I meant that I would be following up with you and the Court on this since it appears the Commissioners are the ones that granted this.

Patty

Patricia Roach, CPA
 Presidio County Auditor
 PO Box 423
 Marfa, TX 79843

432-729-1990 (voice-Marfa)
 432-837-7333 (voice-Alpine)
 432-729-1995 (fax)

-----Original Message-----

From: treasurer@co.presidio.tx.us
 Sent: Friday, March 9, 2018 11:49am
 To: presidiocountyomb@co.presidio.tx.us
 Cc: "Patty Roach" <countyauditor@co.presidio.tx.us>, "Cinderela Guevara" <countyjudge@co.presidio.tx.us>, "Eloy Aranda" <earanda@presidio-isd.net>, "Loretto Vasquez" <lore_asu@yahoo.com>
 Subject: RE: On call time

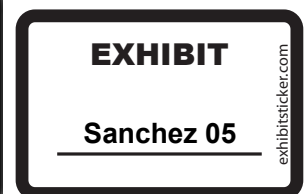
Any questions or complaints pertaining to payroll need
 to be directed to my office or the auditors office.

Thank You,

Frances

-----Original Message-----

From: presidiocountyomb@co.presidio.tx.us
 Sent: Friday, March 9, 2018 11:36am
 To: "countyauditor@co.presidio.tx.us" <countyauditor@co.presidio.tx.us>
 Cc: countyjudge@co.presidio.tx.us, earanda@presidio-isd.net, lore_asu@yahoo.com, bbentley@co.presidio.tx.us,



treasurer@co.presidio.tx.us, pcroadsrucv@co.presidio.tx.us
Subject: RE: On call time

Patty,

Thanks for the information.....

Katie

-----Original Message-----

From: "countyauditor@co.presidio.tx.us" <countyauditor@co.presidio.tx.us>
Sent: Friday, March 9, 2018 11:26am
To: presidiocountyomb@co.presidio.tx.us
Cc: countyjudge@co.presidio.tx.us, earanda@presidio-isd.net, lore_asu@yahoo.com, bbentley@co.presidio.tx.us, treasurer@co.presidio.tx.us, pcroadsrucv@co.presidio.tx.us
Subject: RE: On call time

All,

"On call" time is not payable under the Fair Labor Standards Act. I will need to follow-up with you to see how we can correct this situation.

Patty

Patricia Roach, CPA
Presidio County Auditor
PO Box 423
Marfa, TX 79843

432-729-1990 (voice-Marfa)
432-837-7333 (voice-Alpine)
432-729-1995 (fax)

-----Original Message-----

From: presidiocountyomb@co.presidio.tx.us
Sent: Friday, March 9, 2018 10:20am
To: "Loretto Vasquez" <lore_asu@yahoo.com>, "Brenda Bentley" <bbentley@co.presidio.tx.us>
Cc: "Patty Roach" <countyauditor@co.presidio.tx.us>
Subject: On call time

Good Morning,

Spring Break and Easter are both fast approaching, and I would like to know the process, policy, or procedure on how "on call" time works. It is my understanding that Road and Bridge received 4 days of on call time during the Christmas holidays. Ruben said this time was not indicated on their time sheets. The announcement that "on call" time was approved was made during Road and Bridge holiday/birthday party in Presidio. Ruben did confirm that our three commissioners(Bentley,Vasquez and Aranda) had approved "on call" time for his employees.

How do departments get "on call" time approved.

Katie Sanchez
Presidio County
Office of Management & Budget
P. O. Box 1484
Marfa, Texas 79843
432-729-1851 (office)
432-729-1858 (fax)

Message

From: bbentley@co.presidio.tx.us [bbentley@co.presidio.tx.us]
Sent: 3/22/2018 12:45:17 PM
To: treasurer@co.presidio.tx.us
CC: presidiocountyomb@co.presidio.tx.us; Cinderela Guevara [countyjudge@co.presidio.tx.us]
Subject: RE: Contracts

Ok. I feel like I'm playing referee again. Why does it seem like we're making everyone's jobs harder instead of helping one another make them easier? We're here to serve the public, and if we help one another keep from having to do extra work to get to the same goal, why wouldn't we? I don't understand what is going on here. Digging through all of the minutes of Commissioners Court Minutes would probably be more time consuming than getting them from whomever has the copies already, no? Please guys, let's help one another do our jobs better and more efficiently, it benefits the public good. Kindness is free.

Brenda Silva Bentley

Presidio County Commissioner, Pct. 1

-----Original Message-----

From: treasurer@co.presidio.tx.us
Sent: Thursday, March 22, 2018 11:06am
To: presidiocountyomb@co.presidio.tx.us
Cc: "Brenda Bentley" <bbentley@co.presidio.tx.us>, "Eloy Aranda" <earanda@presidio-isd.net>, "Loretto Vasquez" <lore_asu@yahoo.com>, "Cinderela Guevara" <countyjudge@co.presidio.tx.us>
Subject: RE: Contracts

Why would I think I could get anything from you.

Frances

-----Original Message-----

From: presidiocountyomb@co.presidio.tx.us
Sent: Thursday, March 22, 2018 10:18am
To: treasurer@co.presidio.tx.us
Subject: RE: Contracts

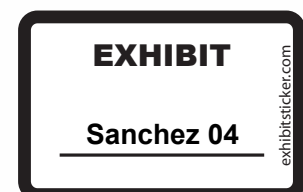
Frances,

As mentioned in Commissioners Court yesterday, all contracts are in the Clerks Office with Commissioners Court minutes.

Katie

-----Original Message-----

From: treasurer@co.presidio.tx.us



Sent: Thursday, March 22, 2018 9:50am

To: "Katie Sanchez" <presidiocountyomb@co.presidio.tx.us>

Subject: Contracts

Katie,

I would like to get copies of all signed contracts for my records.

Thank You,

Frances

Message

From: treasurer@co.presidio.tx.us [treasurer@co.presidio.tx.us]
Sent: 3/28/2018 6:58:28 AM
To: Chase Snodgrass [airplanedriver@gmail.com]
Subject: Re: TAC SURVEY OF INSURED PROPERETIES

Good Morning Chase,
I am working on putting an agenda item on Commissioner's Court in reference to OMB complaints I have. I spoke to Commissioner Bentley about this and she wants to know if you would be willing to come together with me on this. I am fixing to talk to Virgie as well. I have had it with her. I asked her for copies of contracts and was told to get them from the County Clerks Office. She refused to give them to me. I can't deal with her anymore. Let me know what you think.

Regards,

Frances

-----Original Message-----

From: "Chase Snodgrass" <airplanedriver@gmail.com>
Sent: Tuesday, March 27, 2018 4:40pm
To: treasurer@co.presidio.tx.us
Subject: Re: TAC SURVEY OF INSURED PROPERETIES

Hi Frances,
I am in Galveston this week. Would be great to get together with you next week. Just let me know what day and time.

Regards

Chase Snodgrass
Presidio County Airports Director
(832) 588-8888 cell
Sent from my iPhone

On Mar 27, 2018, at 2:40 PM, treasurer@co.presidio.tx.us wrote:

Hi Chase,
The copies of the list of properties that Sam sent you is what I have. I don't have anything different. That comes from the insurance company itself. Are you back in Presidio? I can make it a point to go down there sometime next week. We can get together and look at it. Let me know when would be a good time for you. I need to go and visit other people as well. I would like to kill two birds (or three) with one stone. I will talk to you soon.

Regards,
Frances

-----Original Message-----

From: "Chase Snodgrass" <airplanedriver@gmail.com>
Sent: Monday, March 26, 2018 4:59pm
To: "treasurer" <treasurer@co.presidio.tx.us>
Subject: Fwd: TAC SURVEY OF INSURED PROPERETIES

Hi Frances,
The item descriptions on the attached spreadsheets do not tell what or where each building is. Do you have any other information that describes airport buildings covered by the policy?
Respectfully,

**DEFENDANT'S
EXHIBIT**

6

Chase

----- Forwarded message -----

From: <facilitiesmanager@co.presidio.tx.us>

Date: Mon, Mar 5, 2018 at 5:06 PM

Subject: TAC SURVEY OF INSURED PROPERETIES

To: airplanedriver@gmail.com

Cc: treasurer@co.presidio.tx.us, countyjudge@co.presidio.tx.us, earanda@presidio-isd.net, lore_asu@yahoo.com, bbentley@co.presidio.tx.us

Chase,
attached are copies of a spreadsheet showing existing properties insured by TAC.

Please review and let Frances know if you want any changes for the coming year.

Let me know if you have any questions.

Sam

14 + 15

REQUEST FOR SCHEDULING AGENDA ITEM

I/WE request that the following item be placed on the Agenda for the meeting of the Presidio County Commissioners Court to be held APRIL 11, 2018

This request with **SEVEN (7) COPIES OF THIS FORM IN TYPEWRITTEN FORMAT AND WITH EXHIBIT(S)** are to be submitted to the County Judge's Assistant no later than **3:00 p.m.** on the Tuesday before the Commissioners Court meeting. If the exhibits are not submitted timely, this request may not be posted as an agenda item.

1. **Convene into Executive Session Pursuant to Local Government Code 551.074 Personnel Matters regarding consideration of appointment, employment, evaluation, reassignment duties, discipline or dismissal of a Presidio County Employee and to ensure routine tasks are completed on a regular schedule. Specifically, explain job duties of a County Employee**
2. Has this been the subject of previous Commissioners Court action?
YES _____ NO X

If yes, give the approximate date/location of the meeting at which this matter was discussed or what action was taken thereon:

REQUESTOR'S NAME: Frances Garcia, Presidio County Treasurer
REQUESTOR'S ADDRESS: 300 N Highland, Marfa, Texas
REQUESTOR'S TELEPHONE:
REQUESTOR'S FAX:
REQUESTOR'S E-MAIL:

x Frances Garcia
REQUESTOR'S SIGNATURE

x Cipriela Guerra
AUTHORIZING SIGNATURE

Your request may be submitted via fax: 432-729-4453; via email: jalmancemolinar@co.presidio.tx.us
Via U.S. mail: P.O. Box 606, Marfa, TX 79843, or in person: 300 N. Highland Ave., Marfa, Texas 79843

**DEFENDANT'S
EXHIBIT**

7

EXHIBIT

Sanchez 09

exhibitsticker.com

REQUEST FOR SCHEDULING AGENDA ITEM

I/WE request that the following item be placed on the Agenda for the meeting of the Presidio County Commissioners Court to be held April 11, 2018 at the Presidio County Courthouse, Marfa, Texas.

This request with **SEVEN (7) COPIES OF THIS FORM IN TYPEWRITTEN FORMAT AND WITH EXHIBIT(S)** is to be submitted to the County Judge's Assistant no later than **3:00 p.m.** on the Tuesday before the Commissioners Court meeting. If the exhibits are not submitted timely, this request may not be posted as an agenda item.

1. **Reconvene from Executive Session.** Discuss and act upon Personnel Matters regarding consideration of appointment, employment, evaluation, reassignment duties, discipline or dismissal of a Presidio County Employee.
2. Has this been the subject of previous Commissioners Court action? Yes No x

If yes, give the approximate date/location of the meeting at which this matter was discussed or what action was taken thereon: _____.

REQUESTOR'S NAME Frances Garcia, Presidio County Treasurer
REQUESTOR'S ADDRESS: 301 N. Highland, Marfa, Texas
REQUESTOR'S TELEPHONE: 432-729-2076
REQUESTOR'S FAX:
REQUESTOR'S E-MAIL:

X Frances Garcia
REQUESTOR'S SIGNATURE

X *Cipriela Guera*
AUTHORIZING SIGNATURE

Your request may be submitted via fax: 432-729-4453; via email: jalmancemolinar@co.presidio.tx.us
Via U.S. mail: P.O. Box 606, Marfa, TX 79843, or in person: 300 N. Highland Ave., Marfa, Texas 79843

EXHIBIT 3

**DEFENDANT'S
EXHIBIT**

8

REQUEST FOR SCHEDULING AGENDA ITEM

I/WE request that the following item be placed on the Agenda for the meeting of the Presidio County Commissioners Court to be held April 11, 2018 at the Presidio County Courthouse, Marfa, Texas.

This request with **SEVEN (7) COPIES OF THIS FORM IN TYPEWRITTEN FORMAT AND WITH EXHIBIT(S)** is to be submitted to the County Judge's Assistant no later than **3:00 p.m.** on the Tuesday before the Commissioners Court meeting. If the exhibits are not submitted timely, this request may not be posted as an agenda item.

1. **Reconvene from Executive Session.** Discuss and act upon Personnel Matters regarding consideration of appointment, employment, evaluation, reassignment duties, discipline or dismissal of a Presidio County Employee.
2. Has this been the subject of previous Commissioners Court action? Yes No x

If yes, give the approximate date/location of the meeting at which this matter was discussed or what action was taken thereon: _____.

REQUESTOR'S NAME Frances Garcia, Presidio County Treasurer
REQUESTOR'S ADDRESS: 301 N. Highland, Marfa, Texas
REQUESTOR'S TELEPHONE: 432-729-2076
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X Frances Garcia
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EXHIBIT 3

**DEFENDANT'S
EXHIBIT**

8

Hill Country access

Page 1 of 1

Hill Country access

From: countyauditor@co.presidio.tx.us

Sent: Mon, May 21, 2018 at 3:51 pm

To: Cinderela Guevara, Marsha Nickell, Frances Garcia, Katie Sanchez, Jeannie Hall

I have completed a security access review of the Hill Country financial software system. Two main issues were discovered during this review.

1. Many system users had settings that allowed them to change transactions in prior fiscal years, even after they had been closed. I also found settings that allowed users to modify transactions for other modules. (i.e., general ledger set balances, balance sheet sync, post payroll transactions)
2. The second issue was confidential employee information. The Public Information Act allows county employees to keep some information confidential and the Treasurer's Office manages that process. Unfortunately, the Hill Country software doesn't allow us to mask specific information.

To address both of these issues, users settings for all years have been reviewed and updated. Access to employee records has been restricted for any screen or report that contains confidential information, although most reports are still available. These changes should help us to secure our data internally.

Patty

Patricia Roach, CPA
Presidio County Auditor
PO Box 423
Marfa, TX 79843

432-729-1990 (voice-Marfa)
432-837-7333 (voice-Alpine)
432-729-1995 (fax)

EXHIBIT 4

**DEFENDANT'S
EXHIBIT**9

Hill Country access

Page 1 of 1

Hill Country access

From: countyauditor@co.presidio.tx.us

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EXHIBIT 4

**DEFENDANT'S
EXHIBIT**9

Message

From: countyjudge@co.presidio.tx.us [countyjudge@co.presidio.tx.us]
Sent: 6/4/2018 9:16:18 AM
To: jnunez@presidio-isd.net; facilitiesmanager@co.presidio.tx.us; jake@bullettransport.net; presidiocountyomb@co.presidio.tx.us; airplanedriver@gmail.com; pcroadsrucv@co.presidio.tx.us; airports@co.presidio.tx.us; jp1presidioco@co.presidio.tx.us; countyauditor@co.presidio.tx.us; gjm@mztv.net; presidiocountytaxoffice@yahoo.com; justiceofthepeacepct2@co.presidio.tx.us; pcsossecretary@co.presidio.tx.us; jailadmin@co.presidio.tx.us; sarah.martinez@co.presidio.tx.us; pcsheriff_1997@co.presidio.tx.us; stevengarfieldcoker@juno.com; pontonrod@gmail.com; treasurer@co.presidio.tx.us; carolina.catano@co.presidio.tx.us; nvalenzuela_5@yahoo.com; pctreasurerdn@hotmail.com; kathy.zavala@co.presidio.tx.us; asstcoaud@co.presidio.tx.us; flor24cita@yahoo.com; golfcoursemanager@co.presidio.tx.us; northmaintenance@co.presidio.tx.us; southmaintenance@co.presidio.tx.us; reba.griggs@ag.tamu.edu; jimwhite@bigbend.net
Subject: Changes In County Judge's Office

Good Morning Presidio County!!!!

I would like to wish all you an M&M - Marvelous Monday!
This is the first working day in this new month after a long hard previous month for me.

I am grateful and content in knowing I will be able to continue to serve you and the people of this county continuously, the Good Lord willing, between now and the end of the year!!!!

I have made some changes in my office. Effective immediately, if you are needing a purchase order, please come to the County Judges office. I have temporarily housed the OMB office in my office for the duration of the budget process. You may fax your purchase order requests to 432-729-4453 and email to same email for OMB office.

I thank you in advance for your cooperation in working with us in this new set up.

Have a great day and as always, my door remains open!!!

Regards,

Judge Guevara

DEFENDANT'S
EXHIBIT

10

Message

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Sent: 6/4/2018 9:16:18 AM
To: jnunez@presidio-isd.net; facilitiesmanager@co.presidio.tx.us; jake@bullettransport.net; presidiocountyomb@co.presidio.tx.us; airplanedriver@gmail.com; pcroadsrucv@co.presidio.tx.us; airports@co.presidio.tx.us; jp1presidioco@co.presidio.tx.us; countyauditor@co.presidio.tx.us; gjm@mztv.net; presidiocountytaxoffice@yahoo.com; justiceofthepeacepct2@co.presidio.tx.us; pcsossecretary@co.presidio.tx.us; jailadmin@co.presidio.tx.us; sarah.martinez@co.presidio.tx.us; pcsheriff_1997@co.presidio.tx.us; stevengarfieldcoker@juno.com; pontonrod@gmail.com; treasurer@co.presidio.tx.us; carolina.catano@co.presidio.tx.us; nvalenzuela_5@yahoo.com; pctreasurerdn@hotmail.com; kathy.zavala@co.presidio.tx.us; asstcoaud@co.presidio.tx.us; flor24cita@yahoo.com; golfcoursemanager@co.presidio.tx.us; northmaintenance@co.presidio.tx.us; southmaintenance@co.presidio.tx.us; reba.griggs@ag.tamu.edu; jimwhite@bigbend.net
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Regards,

Judge Guevara

DEFENDANT'S
EXHIBIT

10

RE: Hill Country access

Page 1 of 4

RE: Hill Country access

From: Philip Arnold

Sent: Wed, Jun 13, 2018 at 12:42 pm

To: countyjudge@co.presidio.tx.us

DEFENDANT'S
EXHIBIT11

Commissioners Court of Harris County v Fullerton.pdf (149.8 KB)

JC_0370.pdf (722.4 KB)

GA-0839.pdf (162 KB)

– Download all

Judge Guevara,

You asked whether the Presidio County Auditor has the authority to deny you and the County Budget Office access to county payroll and other financial records that you and the commissioners court need in order to perform your duties. The commissioners court and county judge cannot deny a county auditor a sufficient budget to perform his duties and cannot deprive the auditor of his books and records. However, the County Judge, acting as budget officer, can demand access to records from any other county official. Failure to comply with such a demand can result in an order issued by the commissioners court compelling compliance with the County Judge's request.

In order to answer your question, it is beneficial to examine the relevant duties of each of the officials involved in county financial matters—the Treasurer, the Auditor, and the Commissioners Court.

Treasurer:

Section 113.001 of the Local Government Code declares that “[t]he county treasurer, as chief custodian of county funds, shall keep in a designated depository and shall account for all money belonging to the county.” Tex. Loc. Gov’t Code § 113.001. The treasurer is also directed to endorse checks or warrants drawn on the county treasury by a proper authority. *Id.* at § 113.042(a). The treasurer may not, however, make a payment if he “doubts the legality or propriety of an order, decree, certificate, or warrant presented to the treasurer for payment.” *Id.* at § 113.041(d). In such cases, the treasurer must report the matter to the commissioners court for further direction. Tex. Att’y Gen. Op. No. DM-0096. Conversely, a county treasurer may not disburse county funds unless the commissioners court has approved the disbursement. A county treasurer has a ministerial duty to disburse county money “as the commissioners court may require or direct.” Tex. Loc. Gov’t Code § 113.041(a); *see also* Tex. Att’y Gen. Op. No. H-171 (1973) at 4-5.

Auditor:

The county auditor cannot delegate his official duties to another, other than his duly appointed deputies. Nor may he be compelled to turn over the custody of his records to any other person or department, including the commissioners court. *Commissioners Court of Harris County v. Fullerton*, 596 S.W.2d 572, 578 (Tex. Civ. App.—Houston [1st Dist.] 1980, writ ref’d n.r.e.).

“Among the lawful duties and powers possessed by the county auditor is to exercise control and custody of the records, papers, etc., of his office, and to supply the commissioners' court such information concerning the affairs of the county as to enable that body properly and efficiently to discharge its duties. *Navarro County v. Tullos*, 237 S.W. 982, 986 (Tex. Civ. App.—Dallas 1922,

EXHIBIT 5

writ ref'd). An auditor cannot be required to delegate these powers to some person arbitrarily selected by the commissioners court. *Id.*

Commissioners Court:

The general rule is that, absent a specific statute, a commissioners court may not delegate powers that involve the exercise of judgment or discretion. *Guerra v. Rodriguez*, 239 S.W.2d 915 (Tex. Civ. App.—San Antonio 1951, no writ); *see also* Tex. Att'y Gen. Op. No. JC-0100 (1999); *cf.* Tex. Att'y Gen. Op. No. DM-0096 (Since commissioners are “officers” of the county, the court may delegate to one, two or three of its members sole discretion in making daily investment decisions and issuing directives to the county treasurer.).

The commissioners court’s authority is limited to the extent that it cannot refuse to approve a requested expenditure if such a refusal would preclude the elected officer from carrying out the legal responsibilities of their office. *See Vondy v. Comm’rs Ct.*, 714 S.W.2d 417,422 (Tex. App.—San Antonio 1986, writ ref’d n.r.e.) (stating that commissioners court cannot attempt to restrict elected officer in performance of required duties).

“A commissioners court has a nondelegable duty to review county payrolls and to issue warrants, although the level of scrutiny to which any particular disbursal is subject may vary from county to county.” Tex. Att’y Gen. Op. No. JM- 192 (1984) at 5; Tex. Att’y Gen. Op. No. JM-986 (1988) at 7; *Padgett v. Young County*, 204 S.W. 1046, 1052 (Tex. Civ. App.—Fort Worth 1918, writ dism’d) (determining that a commissioners court has nondelegable duty to “audit all claims against the county and to order paid those only which are found to be just and legal demands.”). The commissioners court must also approve salaries paid to county employees “before any warrants may be issued.” Tex. Att’y Gen. Op. No. JM- 192 (1984) at 5. Only the commissioners court may make contracts binding upon the county. *See* Tex. Att’y Gen. Op. No. JC-0214 (2000) at 7.

Charges against the county are paid by the county treasurer as required or directed by the county commissioners court. *See* Tex. Loc. Gov’t Code § 113.041(a). Before the commissioners court may direct a payment, each claim, bill, and account against the county must be examined and approved by the county auditor. *See id.* § 113.064(a); *see also Crider v. Cox*, 960 S.W.2d 703, 706 (Tex. App.—Tyler 1997, writ denied) (stating that the county auditor’s approval of a claim is a requisite to the commissioners court’s approval and that without approval, the commissioners court’s approval of a claim is void).

However, the commissioners court has discretion as to how it reviews any bill or warrant. “Because no statute assigns payroll preparation duties to a particular county official, a commissioners court may delegate them to ‘an appropriate county official.’” *Comm’rs Court of Titus Cnty. v. Agan*, 940 S.W.2d 77,81 (Tex. 1997). An “appropriate county official” is one who the Legislature has authorized to perform the clerical functions associated with payroll preparation duties. Tex. Att’y Gen. Op. No. GA-0872 (2011).

A county judge, who operates as the county budget officer under Local Government Code Subchapter 111(A), can delegate nondiscretionary and administrative tasks to accomplish a county judge’s statutory duties as county budget officer. Tex. Att’y Gen. Op. No. GA-0839. In this case, the Budget Office can be an appropriate office. Furthermore, as the budget officer, if another county

officer fails to provide budget information requested by the county judge, the county judge's remedy is to seek an order from the commissioners court. *Id.* This includes information requested from the county auditor. *Id.*

In conclusion, as budget officer you have the authority to request access to any documents you require to perform your duties. You can delegate nondiscretionary and administrative tasks to the Budget Office. While no case or Attorney General Opinion speaks directly to the issue, it is likely that the Budget Office should have the same access to financial records as the county judge to perform these administrative tasks. Should a county official fail to comply with your request for documents, the commissions court can issue an order that mandates compliance.

Should you have any further questions, please let me know. I attached two AG Opinions and a case that I think are most applicable to your questions.

Sincerely,
Philip

Philip Arnold
Allison, Bass & Magee, LLP
402 W. 12th Street
Austin, Texas 78701
(512) 520-8420 – Direct Phone
p.arnold@allison-bass.com

From: countyjudge@co.presidio.tx.us <countyjudge@co.presidio.tx.us>
Sent: Tuesday, June 12, 2018 5:16 PM
To: Philip Arnold <p.arnold@allison-bass.com>
Subject: FW: Hill Country access

Mr. Arnold,

Please see the email below, as County Judge(Chief Financial Officer) I have been blocked from payroll information, including timesheets by our County Auditor (appointed by District Judge). Commissioners Court has appointed an Office of Management and Budget who has been blocked. Are you aware of any statutes that would prohibit myself or the OMB from viewing financial records which include payroll. We are both part of the financial team. We have had access for the past 4 years....

Regards,

Judge Guevara

-----Original Message-----

From: "countyauditor@co.presidio.tx.us"
<countyauditor@co.presidio.tx.us>
Sent: Monday, May 21, 2018 3:51pm
To: "Cinderela Guevara" <countyjudge@co.presidio.tx.us>, "Marsha Nickell" <asstcoaud@co.presidio.tx.us>, "Frances Garcia" <treasurer@co.presidio.tx.us>, "Katie Sanchez" <presidiocountyomb@co.presidio.tx.us>, "Jeannie Hall" <omb@co.presidio.tx.us>
Subject: Hill Country access

I have completed a security access review of the Hill Country financial software system. Two main issues were discovered during this review.

1. Many system users had settings that allowed them to change transactions in prior fiscal years, even after they had been closed. I also found settings that allowed users to modify transactions for other modules. (i.e., general ledger set balances, balance sheet sync, post payroll transactions)
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Patty

Patricia Roach, CPA
Presidio County Auditor
PO Box 423
Marfa, TX 79843

432-729-1990 (voice-Marfa)
432-837-7333 (voice-Alpine)
432-729-1995 (fax)

Message

From: treasurer@co.presidio.tx.us [treasurer@co.presidio.tx.us]
Sent: 7/26/2018 8:40:18 AM
To: TAC [tac-tre@list.county.org]
Subject: OMB

Good Morning Everyone.

I need to find out how many counties with a population of 10,000 and under have a County Treasurer, an Auditor and an Office of Management and Budget. Our county has all three and I know for a fact we don't need that many financial offices. Please let me know if you all do or do not and what the pros and cons are.

Many Thanks!!

Frances Garcia
Presidio County Treasurer
P.O. Box 1055
Marfa, Texas 79843
432-729-4076 (office)
432-729-4071 (fax)

DEFENDANT'S
EXHIBIT

12

Message

From: treasurer@co.presidio.tx.us [treasurer@co.presidio.tx.us]
Sent: 8/1/2018 3:16:18 PM
To: Chase Snodgrass [airplanedriver@gmail.com]
Subject: Job Description
Attachments: CCF08012018_0003.pdf

Hey Chase,
See attached OMB job description. This was recorded with the minutes several years ago. I will call you in a while.

Frances

DEFENDANT'S
EXHIBIT

13

MEMO

To: Presidio Co. Commissioners Court ("CCT")
 From: Presidio Co. Auditor
 Subject: Plan to Complete/Make Operational OMB
 Date: June 19, 2014

This CCT was wise when it determined during FY [2013] that Presidio County would be best positioned to satisfy: i) its duties to Texas regarding compliance with the laws pertinent to the operation of County Govt., and ii) its duties to the taxpayers and citizens of Presidio County by creating the Office of Management & Budget ("OMB").

The original objective was and remains to make permanent, or "institutionalize" core financial and administrative functions, which, among other things, helps ensure:

- Timely, accurate financial information
- Positions the County to comply with transparency statutes for greater accountability
- Restores the County's outside reputation with creditors and vendors by moving towards unqualified annual independent audits, and
- Makes permanent well designed, fully implemented and closely monitored operational procedures that have a financial impact due to their connection to revenues and/or expenditures.

OMB Objectives:

This office will have wide ranging duties, as outlined subsequently herein. The "mission" of OMB is to:

- enhance the effective, efficient operation of Presidio County,
- maintain fiscal integrity and financial condition
- operating under the guidance of the Co. Auditor, develop, implement and enforce appropriate policies and procedures
- provide timely, accurate and objective information and recommendations
- assist in preparing and administering operating and capital budgets
- help ensure resources are efficiently allocated and productively utilized.

County Auditor's Role:

**PRESIDIO COUNTY
POSITIONS FOR PROJECT COORDINATORS
WILL COMPOSE THE NEW OFFICE OF MANAGEMENT AND BUDGET (OMB)**

These new positions report to the Presidio County Judge with a salary commensurate with experience. Employee benefits include medical insurance, and retirement. These coordinators are expected to be self-motivated to initiate and manage all facets of multiple county projects from beginning to end. They will interface with the Judge, his administrative assistant, the appropriate Commissioner(s), county department heads, as well as other federal, state, and local officials.

Applicants must have a college degree or equivalent with experience in economics, business, or public administration, and planning. Bilingual skills with fluent Spanish is recommended. Excellent communication skills are a must.

The OMB will have the responsibility to coordinate projects for the following general areas: Border Infrastructure, Community and Environment, Emergency Services, Law Enforcement, Facilities and Parks, Capital Projects, Airports, and Economic Development.

Project coordinator functions will include grant applications and financial reporting as well as timely responses to grant notices and deadlines, solicitation for engineers and construction firms, bidding and selection process and contract compliance. Successful applicants will require sophisticated research and computer skills for data collection, analysis, and preparation of reports and presentations.

Send resumes to the Presidio County Judge's Office, P. O. Box 606, 300 N. Highland, Marfa, Texas 79843. More information can be obtained by calling 432-729-4452. Presidio County is an Affirmative Action/Equal Opportunity Employer and requires that all subcontractors do likewise.

1/20/2012

Message

From: treasurer@co.presidio.tx.us [treasurer@co.presidio.tx.us]
Sent: 8/9/2018 3:34:45 PM
To: Patty Roach [countyauditor@co.presidio.tx.us]
Subject: FW: Personnel File

Hi Patty,
What do you make of this?

Fran

-----Original Message-----

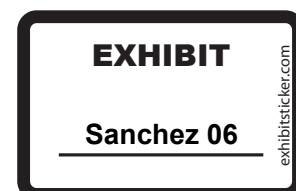
From: presidiocountyomb@co.presidio.tx.us
Sent: Thursday, August 9, 2018 3:20pm
To: "Frances Garcia" <treasurer@co.presidio.tx.us>, "Patty Roach" <countyauditor@co.presidio.tx.us>
Cc: "Cinderela Guevara" <countyjudge@co.presidio.tx.us>, "Brenda Bentley" <bbentley@co.presidio.tx.us>, "Eloy Aranda" <eloy.aranda@co.presidio.tx.us>, "Jose CabbyCabezuela" <j_cabe509@yahoo.com>, "Loretto Vasquez" <lore_asu@yahoo.com>, "pontonrod" <pontonrod@gmail.com>
Subject: Personnel File

Frances,

Please provide me with a copy of everything that is in my personnel file along with an itemized list. If you are unable to do this, please provide me with the procedure in which I need to follow to obtain this information.

Thank you,

Katie Sanchez
Presidio County
Office of Management & Budget
P. O. Box 1484
Marfa, Texas 79843
432-729-1851 (office)
432-729-1858 (fax)



Message

From: countyjudge@co.presidio.tx.us [countyjudge@co.presidio.tx.us]
Sent: 8/17/2018 4:20:11 PM
To: Brenda Bentley [bbentley@co.presidio.tx.us]; miria.rivera529@yahoo.com; jnunez@presidio-isd.net; facilitiesmanager@co.presidio.tx.us; presidiocountyomb@co.presidio.tx.us; airplanedriver@gmail.com; pcroadsrucv@co.presidio.tx.us; jp1presidioco@co.presidio.tx.us; countyauditor@co.presidio.tx.us; gjm@mztv.net; justiceofthepeacepct2@co.presidio.tx.us; pcsosecretary@co.presidio.tx.us; jailadmin@co.presidio.tx.us; pcsheriff_1997@co.presidio.tx.us; pontonrod@gmail.com; treasurer@co.presidio.tx.us; reba.griggs@ag.tamu.edu; natalia.williams.pctac@co.presidio.tx.us
CC: Marsha Nickell [asstcoaud@co.presidio.tx.us]; Frank Knight [frank.knight@att.net]; Brenda Pando [bpando@co.presidio.tx.us]; Rocio [countyattyasst@co.presidio.tx.us]
Subject: CC Agenda Special Meeting 8-22-2018
Attachments: CC Agenda Special Meeting- 8-22-2018.pdf

Attached is the Agenda for Commissioners Court Special Meeting on August 22, 2018 in Marfa. Thanks! Jeanne

Jeanne Hall
Presidio County OMB
for
Cinderela Guevara
P.O. Box 606
Marfa, Texas 79843
432-729-4452 (voice)
432-729-4453 (fax)

DEFENDANT'S
EXHIBIT

15

PRESIDIO COUNTY COMMISSIONERS COURT

NOTICE OF SPECIAL MEETING

**The Presidio County Commissioners Court will meet on
Wednesday August 22, 2018 at 09:30 a.m.
at the County Judge's Office Presidio County Courthouse**

CINDERELA GUEVARA

COUNTY JUDGE

**BRENDA BENTLEY
COMMISSIONER, PRECINCT 1**

**ELOY ARANDA
COMMISSIONER, PRECINCT 2**

**JOSE CABEZUELA
COMMISSIONER, PRECINCT 3**

**LORETTO VASQUEZ
COMMISSIONER, PRECINCT 4**

VIRGINIA PALLAREZ

CLERK OF THE COURT

Questions regarding the agenda should be directed to the Presidio County Commissioner's Court Support at (432)7294452. The agenda is available on the County's website (<http://www.presidiocounty.org>) Click on Government/Commissioners Court."

FILED FOR RECORD at 3:25A.M.

AUG 17 2018


COUNTY CLK, PRESIDIO CO.

COMMISSIONERS COURT CEREMONIAL AGENDA

1. Establish a quorum (Cinderela Guevara)
2. Opening Prayer
3. Pledge of Allegiance

COMMISSIONERS COURT SPECIAL AGENDA

TIME CERTAIN ITEMS:

4. Communications from citizens who signed the register to speak. (3 minutes per person)
5. Announcements to Commissioner's Court from County Judge and Commissioners. (15 minutes or more).
6. Approval of Payroll for pay period from 08-06-18 through 08-19-18.

INDIVIDUAL AGENDA ITEMS:

Item brought by Loretto Vasquez Presidio County Commissioner Pct. 4

7. Discussion with action to abolish the Department of Presidio County Office of Management and Budget (OMB), to be effective at the new fiscal year October 1, 2018.

Item brought by Honorable Cinderela Guevara Presidio County Judge

8. Open Second Public Hearing regarding the Proposed FY2019 Budget and Tax Rate. This hearing is for the express purpose of inviting public comments and discussion with the Commissioners Court regarding the Proposed Budget and Tax Rate.

9. Close Public Hearing

Items brought by Honorable Cinderela Guevara Presidio County Judge

10. Discussion with action for Commissioners Court to pass an order in compliance with Local Government Code Section 113.901 (c), that waives the requirement of the county judge's approval of requisitions.
11. Discussion with action to approve using Certified Payments Credit Card Services for County Tax Office, County and District Clerks Office and Golf Course.

12. Discussion with action to approve Contract for Tax Assessment/Collection Services for the City of Presidio by Presidio County Tax Assessor Collector. The amount of the contract is for \$20,421.83, for a contract term of one year from October 1, 2018 to September 30, 2019. Parties named in contract are City of Presidio and County of Presidio.

13. Discussion with action to allow the Veteran's Officer to replace landline with a cell phone for Presidio County Veterans Office.

14. Discussion with action for Commissioner's Court to appoint election judges for the General Election to be held November 6, 2018. Texas Elections Code 32.002 (a).

15. Discussion with action to approve registrant agreement to retain ownership of co.presidio.tx.us domain.

16. Discussion with action to approve estimate and/or change order for replacement of exhaust fans at Presidio County Jail, including the designs.

Item brought by Jerry Carvajal

17. Discussion and action to award a construction contract for the Candelaria WSC Water Improvements, TxCDBG Contract No. 7216045.

18. Discussion with action for the procurement of administration and engineering professional services for the Texas Community Block Development Block Grant 2016-2020 funding cycle.

Finance Department Items

Patty Roach, Auditor

19. Approval of County Auditor's Report to include Line item transfers and Budget Amendments

Honorable Frances Garcia, Treasurer

20. Approval of all claims from 08-08-2018 to present.

Katie Sanchez, OMB Director

21. Approval of Office of Management and Budget Report to include assets/inventory transfers

Reports

22. Approval of Minutes

23. Revised City of Presidio Volunteer Fire Department

24. City of Presidio EMS

25. Agrilife Extension

Adjournment

Notice to the Public:

Agenda items may be considered, deliberated and/or acted upon in a different order than set forth above. Presidio County Commissioners' Court reserves the right to discuss any of the above items in Executive (closed) Session whenever permitted by the Texas Open Meeting Act

Notice to the Public:

The Presidio County Commissioners Court reserves the Right to Adjourn into Executive Session at any time during the course of this meeting to discuss any of the matters listed above, as authorized by the Texas Government Code including, but not limited to, Sections 551.071 (Consultation with Attorney), 551.072 (Deliberation about Real Property), 551.073 (Deliberations about Gifts and Donations), 551.074 (Personnel Matters) and 551.0725 (Deliberations by Certain Commissioners Courts about Contracts Being Negotiated).

Posted on August 17, 2018.


Cinderela Guevara
Presidio County Judge

PRESIDIO COUNTY COMMISSIONERS COURT

NOTICE OF SPECIAL MEETING

**The Presidio County Commissioners Court will meet on
Wednesday August 22, 2018 at 09:30 a.m.
at the County Judge's Office Presidio County Courthouse**

CINDERELA GUEVARA

COUNTY JUDGE

**BRENDA BENTLEY
COMMISSIONER, PRECINCT 1**

**ELOY ARANDA
COMMISSIONER, PRECINCT 2**

**JOSE CABEZUELA
COMMISSIONER, PRECINCT 3**

**LORETTO VASQUEZ
COMMISSIONER, PRECINCT 4**

VIRGINIA PALLAREZ

CLERK OF THE COURT

Questions regarding the agenda should be directed to the Presidio County Commissioner's Court Support at (432)7294452. The agenda is available on the County's website (<http://www.presidiocounty.org>) Click on Government/Commissioners Court."

**DEFENDANT'S
EXHIBIT**

16

FILED FOR RECORD at 3:25A.M.

AUG 17 2018

EXHIBIT

Sanchez 07

exhibitsticker.com

Virginia Pallarez
COUNTY CLK, PRESIDIO CO.

COMMISSIONERS COURT CEREMONIAL AGENDA

1. Establish a quorum (Cinderela Guevara)
2. Opening Prayer
3. Pledge of Allegiance

COMMISSIONERS COURT SPECIAL AGENDA

TIME CERTAIN ITEMS:

4. Communications from citizens who signed the register to speak. (3 minutes per person)
5. Announcements to Commissioner's Court from County Judge and Commissioners. (15 minutes or more).
6. Approval of Payroll for pay period from 08-06-18 through 08-19-18.

INDIVIDUAL AGENDA ITEMS:

Item brought by Loretto Vasquez Presidio County Commissioner Pct. 4

7. Discussion with action to abolish the Department of Presidio County Office of Management and Budget (OMB), to be effective at the new fiscal year October 1, 2018.

Item brought by Honorable Cinderela Guevara Presidio County Judge

8. Open Second Public Hearing regarding the Proposed FY2019 Budget and Tax Rate. This hearing is for the express purpose of inviting public comments and discussion with the Commissioners Court regarding the Proposed Budget and Tax Rate.

9. Close Public Hearing

Items brought by Honorable Cinderela Guevara Presidio County Judge

10. Discussion with action for Commissioners Court to pass an order in compliance with Local Government Code Section 113.901 (c), that waives the requirement of the county judge's approval of requisitions.
11. Discussion with action to approve using Certified Payments Credit Card Services for County Tax Office, County and District Clerks Office and Golf Course.

12. Discussion with action to approve Contract for Tax Assessment/Collection Services for the City of Presidio by Presidio County Tax Assessor Collector. The amount of the contract is for \$20,421.83, for a contract term of one year from October 1, 2018 to September 30, 2019. Parties named in contract are City of Presidio and County of Presidio.

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Item brought by Jerry Carvajal

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18. Discussion with action for the procurement of administration and engineering professional services for the Texas Community Block Development Block Grant 2016-2020 funding cycle.

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Honorable Frances Garcia, Treasurer

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Katie Sanchez, OMB Director

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Reports

22. Approval of Minutes

23. Revised City of Presidio Volunteer Fire Department

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Posted on August 17, 2018.


Cinderela Guevara
Presidio County Judge

Message

From: treasurer@co.presidio.tx.us [treasurer@co.presidio.tx.us]
Sent: 8/20/2018 2:35:06 PM
To: Brenda Bentley [bbentley@co.presidio.tx.us]; Eloy Aranda [eloy.aranda@co.presidio.tx.us]; Loretto Vasquez [lore_asu@yahoo.com]; j_cabe509@yahoo.com
CC: Katie Sanchez [presidiocountyomb@co.presidio.tx.us]; Cinderela Guevara [countyjudge@co.presidio.tx.us]; Patty Roach [countyauditor@co.presidio.tx.us]; Marsha Nickell [asstcoaud@co.presidio.tx.us]; Ruben Carrasco [pcroadsrucv@co.presidio.tx.us]; Chase Snodgrass [airplanedriver@gmail.com]
Subject: Jaime Juarez

As it was announced in Commissioner's Court on Friday that the VA officer did not have a working phone, I contact Mr. Juarez and asked him if he had contacted anyone about the phone not working. He advised me that he had told Katie around the first of the month when a veteran tried to call him and was unable to get through to him. However, OMB never let me know that the phone was out of order so that we could call BBT or ATT to fix the problem. How can anybody do their job with this type of interference? I will be contacting all department heads so that they know who to call for these problems. Everyone is confused about who does what.

Thank You,

Frances Garcia
Presidio County Treasurer
P.O. Box 1055
Marfa, Texas 79843
432-729-4076 (office)
432-729-4071 (fax)

DEFENDANT'S
EXHIBIT

17

August 22, 2018

Good Morning, first of all I want to let you know that I am writing this before any of the agenda item has been discussed and my apologies if I repeat anything that has already been discussed. I find it very difficult to be in this position again after the discussion on April 11, when an agenda item referencing OMB was presented. At that meeting, the County attorney suggested that when there were disputes between departments they should be handled between each other or go before the Judge and if no resolution could be found then it would be brought before the Court. To this date no one has ever told what the issue was from that agenda item, or what the issues are now.

OMB was created for the continuity of the County finances. The idea behind the creation was so the County could have a smooth transition any time there was an election. The county was struggling with record keeping at the time and when elected officials change there were always problems knowing where the county stood on grants, budgets, and other financial areas. OMB is the Commissioners Court eyes and ears as far as finances go.

It is very obvious that this item was placed on the agenda as another effort to get rid of me not the department because of one person's feelings towards me because I ran for treasurer not once but twice, even though I lost on both occasions she just can't let it go. The retaliation is never ending and very exhausting. She has gone to members of the court (who are my bosses) and complained but none have talked to me, they just put it on the agenda. Employees have been encouraged to resist OMB, many I have no clue why. The treasurer is frustrated because employees go to OMB for help or to ask questions because they are not comfortable going to her office. She has yelled at the County Judge in the hallway and could be heard throughout the courthouse. She yelled at the past Treasurer on more than one occasion and was heard throughout the courthouse. Her department has yelled at me that could be heard throughout the courthouse. Her department has shown disrespect to other elected officials employees by voicing opinions about election result stating "4 more years of pure hell". Her department has stated that the County Judge is "a bold faced liar", and this is the "crookedist county". It is a very hostile work environment, employees are pitted against each other because of the Treasurers anger for me. My employee(s) past and present have been aware of the hostility and have treated departments with respect and OMB has continued to help others regardless. A lot of time is wasted going from one office to another gossiping about OMB. Some commissioners if not all are aware of the volatile situation at the courthouse, yet it is allowed to continue and the only solution is to keep bringing items to the agenda in hopes of getting rid of Katie, it has nothing to do with the job OMB is doing or saving tax payers money. One commissioner travels to Presidio with the Treasurer to meet with employees and/or other elected officials to encourage the hostility. This is obvious by emails I receive and who is carbon copied on them. Whether this is happening or not, it sure looks like it.

Some hostility was created when I questioned on call time given to road and bridge employees during the Christmas holidays. Employees received compensation for time spent on call not on duty. The road and bridge supervisor told me this was approved by three commissioners and was announced at a barbeque during the holidays. Many employees were upset and asked me, they said the Treasurer was present when it was announced and she said nothing so they did not ask

**DEFENDANT'S
EXHIBIT**

18

EXHIBIT

Sanchez 03

exhibitstickers.com

her. Yes, it was election time and I was jokingly asked what was I going to do for a vote, or when was I going to bake something for them. I do not believe anything was done in exchange for a vote, however when you have a commissioner helping the treasurer with her campaigning and things like this happen the look of impropriety is present.

I have been blocked from some of the Presidio County records, because my access violates the Public information act, even though I am an employee. The County Judge has been blocked from the same information even though she is the highest elected official, chief budget and financial officer for the county and for the same reason. This took place shortly after the on call time came out, the Treasurer requested I be in executive session and only days after the Judge received additional training on the county financial software. Yet the JP was backing up the information on the county server which included financial information, and that seemed to be ok at the time. Back up documentation for invoices is no longer be scanned. Just more retaliation and creates so much work, trying to get invoices for inventory, and will be difficult to get documents for reimbursements on grant related items and reconciling grants reimbursements with our software.

Commissioners Court is my supervisors, and it is very discouraging and frustrated when the elected officials who are my bosses have never come to me and told me what I am doing wrong or addressed any complaints they may have received. My door has always been open and each of you have my phone number. You are my boss and should not encourage others to be resistant to OMB when I am doing my do diligence when it comes to public funds. I have been told that employees are complaining because I question some of their purchases, which I understood was part of my job. It is hard to issue purchase orders to the same department for the same thing, for example purchasing tires for the same vehicle two months apart, large amounts of fuel monthly when the mileage logs are not reflecting the miles. I also informed the court that there was not a current contract for the purchase of aviation fuel however fuel was continued to be purchased without a valid contract and sometimes without a purchase order. So, yes there are going to be upset departments and they are going to complain, however these issues were not discussed with me so I could show you the statues and show you the documentation. I have been called into executive session when I would not issue a purchase order because the department did not have funds on the correct line item, and another time for a budget disagreement. I was accused of disrespecting an elected official. Regardless, the executive session was not worded correctly according to LGC 551.074 and I did not know until I was called in that it was about me.

In the process of trying to get the County's assets straight after they were given to OMB in total "dis array", other things have come to light. One being the county has built a structure on property that we are unable to locate a deed verifying this property belongs to Presidio County. It has electricity, so a deed needed to be produced for this process, however it has not been given to OMB to add it to the County inventory.

In the process of obtaining all contracts and lease agreements for Presidio County's annual audit, I have encountered other issues. Presidio County has approximately 32 hangars between the Presidio and Marfa airports of which 4 are owned by the County and there should be lease agreements for each I have a total of 8 lease agreements. One of the agreements is for a county owned hangar. Requesting and trying to obtain this information has created some animosity.

OMB face this type of things each day, we just handle them and never were told we are doing it incorrectly.

When you tell employees they can't do something they have always done, they are going to be mad, it worse when they are encouraged. Many get offended because I am an employee and not elected but I always try to have a solution. Presidio County is lacking in regards to respect for each other. We are here to serve the public to take care of their money, time should not be spent acting like jr high school children. I never thought that I would be pushing 60 years old and be fighting like this. My family has suffered because I can't give them the attention they deserve due to the constant bickering I face every day. This environment is not healthy and its exhausting and needs to stop. I like my job and love working with numbers, but when your stomach and head hurt and you dread coming to work, change needs to happen. It's hard to focus on the task at hand, because you never know when you will be on the chopping block for doing your job just because you ran for office. I am a tax payer, and I had every right to run for Treasurer. I wanted to make a difference for Presidio County as well as the employees. I lost, and I still come to work every day and try to be positive, I am the one who should be mad. I hope this brings some resolution to all the animosity and employees can focus on serving the public instead of having to pick sides. I want to thank Commissioner Vasquez, Commissioner Bentley and Frances for reassuring my assistant that she would be ok, and thanks to all of you for allowing me the time to speak, and my voice finally be heard.

Katie Sanchez

2

Minutes

PRESIDIO COUNTY COMMISSIONERS COURT

NOTICE OF SPECIAL MEETING

AMMENDED AGENDA AS OF 08-19-18 8:56 A.M.

The Presidio County Commissioners Court will meet on
Wednesday August 22, 2018 at 09:30 a.m.
at the County Judge's Office Presidio County Courthouse

COMMISSIONERS COURT CEREMONIAL AGENDA

1. Establish a quorum (Cinderela Guevara)
Present: Cinderela Guevara, County Judge
Brenda Bentley, Commissioner Pct. 1
Eloy Aranda, Commissioner Pct. 2
Jose Cabezuela, Commissioner Pct. 3
Loretto Vasquez, Commissioner Pct. 4
2. Opening Prayer
Judge Guevara
3. Pledge of Allegiance

COMMISSIONERS COURT SPECIAL AGENDA

TIME CERTAIN ITEMS:

4. Communications from citizens who signed the register to speak. (3 minutes per person)
Trey Gerfer
5. Announcements to Commissioner's Court from County Judge and Commissioners. (15 minutes or more).

DEFENDANT'S
EXHIBIT

19

6. Approval of Payroll for pay period from 08-06-18 through 08-19-18.

Commissioner Aranda makes motion to approve payroll period for 08-19-18 through 08-19-18. Commissioner Bentley seconds. Motion carries.

INDIVIDUAL AGENDA ITEMS:

Item brought by Loretto Vasquez

Presidio County Commissioner Pct. 4

7. Discussion with action to abolish the Department of Presidio County Office of Management and Budget (OMB), to be effective at the new fiscal year October 1, 2018.

Buddy Knight, Robert Halpern, Gary Mitschke spoke in support of the OMB office. Commissioner Vasquez makes motion to abolish the Department of Presidio County office of Management and Budget. Commissioner Bentley seconds. Motion carries. (Judge Nays)

Item brought by Honorable Cinderela Guevara

Presidio County Judge

8. Discussion with Action to abolish the Departments of Airport Management, Facilities Management, And Road and Bridge Management to be effective for Fiscal Year 18-2019.

Item die for lack of motion.

9. Open Second Public Hearing regarding the Proposed FY2019 Budget and Tax Rate. This hearing is for the express purpose of inviting public comments and discussion with the Commissioners Court regarding the Proposed Budget and Tax Rate.

2nd Public Hearing opens @ 11:04 a.m. Recessed at 12:21 p.m.

Commissioner Vasquez makes motion to open public hearing (2:12 p.m.)

Commissioner Bentley seconds. Motion carries.

10. Close Public Hearing

Judge Guevara makes motion to close public hearing (3:29 p.m.). Commissioner Aranda seconds. Motion carries.

Items brought by Honorable Cinderela Guevara

Presidio County Judge

11. Discussion with action for Commissioners Court to pass an order in compliance with Local Government Code Section 113.901 (c), that waives the requirement of the county judge's approval of requisitions.

Judge Guevara makes motion to postpone. Commissioner Aranda seconds. Motion carries.

12. Discussion with action to approve using Certified Payments Credit Card Services for County Tax Office, County and District Clerks Office and Golf Course.

Judge Guevara makes motion to approve using Certified Payments Credit Card Services for County Tax Office, County and District Clerks Offices and the Golf Course.

Commissioner Bentley seconds. Motion carries.

13. Discussion with action to approve Contract for Tax Assessment/Collection Services for the City of Presidio by Presidio County Tax Assessor Collector. The amount of the contract is for \$20,421.83, for a contract term of one year from October 1, 2018 to September 30, 2019. Parties named in contract are City of Presidio and County of Presidio.

Commissioner Bentley makes motion to approve contract for \$20421.83 for a contract Term of one year from October 1, 2018 to September 30, 2019. Party's names in Contracts are the City of Presidio and County of Presidio. Commissioner Vasquez seconds. Motion carries.

14. Discussion with action to allow the Veteran's Officer to replace landline with a cell phone for Presidio County Veterans Office.

Commissioner Bentley makes motion to allow the VA officer to replace landline with a Cell phone for VA Office. Commissioner Cabezuela seconds. Motion carries.

15. Discussion with action for Commissioner's Court to appoint election judges for the General Election to be held November 6, 2018. Texas Elections Code 32.002 (a).

Commissioner Bentley makes motion to appoint election judge for the November 6, 2018 General Election which will be Maria Garcia, Delia Martinez, Alicia Sanchez, Lorinda Carrillo, Rosemary Jimenez and Lauren Martinez. Commissioner Vasquez seconds. Motion carries.

16. Discussion with action to approve registrant agreement to retain ownership of co.presidio.tx.us domain.

Commissioner Aranda makes motion to postpone. Judge Guevara seconds. Motion carries.

17. Discussion with action to approve estimate and/or change order for replacement of exhaust fans at Presidio County Jail, including the designs.

Commissioner Bentley makes motion to postpone. Commissioner Vasquez seconds. Motion carries.

Item brought by Jerry Carvajal

18. Discussion and action to award a construction contract for the Candelaria WSC Water Improvements, TxCDBG Contract No. 7216045.

Judge Guevara makes motion to award contract bid to. Commissioner Cabezuela seconds. Motion carries.

19. Discussion with action for the procurement of administration and engineering professional services for the Texas Community Block Development Block Grant 2016-2020 funding cycle.

Commissioner Aranda makes motion to approve the procurement of administration And engineering professional services for the Texas Community Block Development Block Grant 2016-2020 funding cycle. Commissioner Vasquez seconds. Motion carries.

Finance Department Items

Patty Roach, Auditor

20. Approval of County Auditor's Report to include Line item transfers and Budget Amendments

Commissioner Aranda makes motion to approve Line item transfers as presented. Commissioner Cabezuela seconds. Motion carries.

Honorable Frances Garcia, Treasurer

21. Approval of all claims from 08-08-2018 to present.

Commissioner Bentley makes motion to approve the payment of all claims. Commissioner Cabezuela seconds. Motion carries.

Katie Sanchez, OMB Director

22. Approval of Office of Management and Budget Report to include assets/inventory transfers
None

REPORTS

23. Revised City of Presidio Volunteer Fire Department

24. City of Presidio EMS

25. Agrilife Extension

Judge Guevara makes motion to approve #23, 24, & 25 as presented. Commissioner Vasquez seconds. Motion carries.

Adjournment Commissioner Bentley makes motion to adjourn. Commissioner Aranda seconds. Motion carries.


CINDERELA GUEVARA, COUNTY JUDGE


BRENDA SILVA BENTLEY, COMMISSIONER PCT. 1


ELOY ARANDA, COMMISSIONER PCT. 2


JOSE CABEZUELA, COMMISSIONER PCT. 3


LORETTO VASQUEZ, COMMISSIONER PCT. 4

ATTEST:


VIRGINIA PALLAREZ, COUNTY CLERK

REQUEST FOR SCHEDULING AGENDA ITEM

I/WE request that the following item be placed on the Agenda for the meeting of the Presidio County Commissioners Court to be held **August 22, 2018**

This request with **SEVEN (7) COPIES OF THIS FORM IN TYPEWRITTEN FORMAT AND WITH EXHIBIT(S)** are to be submitted to the County Judge's Assistant no later than **3:00 p.m.** on the Tuesday before the Commissioners Court meeting. If the exhibits are not submitted timely, this request may not be posted as an agenda item.

1. **Discussion with action to abolish the Department of Presidio County Office of Management and Budget (OMB), to be effective at the new fiscal year October 1, 2018.**

Has this been the subject of previous Commissioners Court action?

YES _____ NO X _____

If yes, give the approximate date/location of the meeting at which this matter was discussed or what action was taken thereon:

REQUESTOR'S NAME: **Loretto Vasquez**
REQUESTOR'S ADDRESS: PO Box 953, Marfa, Texas
REQUESTOR'S TELEPHONE: 432-295-2896
REQUESTOR'S FAX:
REQUESTOR'S E-MAIL: lore_asu@yahoo.com

x *Loretto Vasquez*
REQUESTOR'S SIGNATURE

x _____
AUTHORIZING SIGNATURE

Your request may be submitted via fax: 432-729-4453; via email: countyjudge@co.presidio.tx.us
Via U.S. mail: P.O. Box 606, Marfa, TX 79843, or in person: 300 N. Highland Ave., Marfa, Texas 79843

EXHIBIT 6

**DEFENDANT'S
EXHIBIT**

20

PRESIDIO COUNTY COMMISSIONERS COURT

NOTICE OF SPECIAL MEETING

AMMENDED AGENDA AS OF 08-19-18 8:56 A.M.

**The Presidio County Commissioners Court will meet on
Wednesday August 22, 2018 at 09:30 a.m.
at the County Judge's Office Presidio County Courthouse**

CINDERELA GUEVARA

COUNTY JUDGE

**BRENDA BENTLEY
COMMISSIONER, PRECINCT 1**

**ELOY ARANDA
COMMISSIONER, PRECINCT 2**

**JOSE CABEZUELA
COMMISSIONER, PRECINCT 3**

**LORETTO VASQUEZ
COMMISSIONER, PRECINCT 4**

VIRGINIA PALLAREZ

CLERK OF THE COURT

Questions regarding the agenda should be directed to the Presidio County Commissioner's Court Support at (432)7294452. The agenda is available on the County's website (<http://www.presidiocounty.org>) Click on Government/Commissioners Court."

EXHIBIT 7

**DEFENDANT'S
EXHIBIT**

21

Message

From: recordsclerk@co.presidio.tx.us [recordsclerk@co.presidio.tx.us]
Sent: 9/18/2018 7:22:01 AM
To: pontonrod@gmail.com
Subject: OMB

Rod,

Can you advise me if I have any grievance or appeal rights to challenge the decision to abolish the OMB office and my position of director? I assume the answer is no, but I just want to confirm.

Have a great day,

Katie

**DEFENDANT'S
EXHIBIT**

22

EXHIBIT

Sanchez 08

exhibitsticker.com

Presidio County, Texas



ADOPTED BUDGET

FISCAL YEAR 2019

10-1-2018 TO 9-30-2019

**DEFENDANT'S
EXHIBIT**

23

This budget will raise more revenue from property taxes than last year's budget by an amount of \$205,850, which is an 6.82% increase from last year's budget. The property tax revenue to be raised from new property added to the tax roll this year is \$19,275.

Members of Commissioners Court voting in favor of the budget : Judge Cinderela Guevara; Commissioner Eloy Aranda; Commissioner Brenda Bentley; Commissioner Loretto Vasquez, Commissiner Jose Cabezuela. Members voting against the budget: none

<u>Tax Rates/Debt Obligations</u>	<u>FY 2018</u>	<u>FY 2019</u>
Property tax rate	\$0.637340	\$0.614750
Effective tax rate	\$0.567060	\$0.571560
Effective M&O tax rate	\$0.581190	\$0.521210
Rollback tax rate	\$0.637340	\$0.614750
Debt tax rate	\$0.056150	\$0.051850
Total debt oglibations	\$735,000.00	\$483,000.00

**PRESIDIO COUNTY
ADOPTED BUDGET**

Department Name: **OMB**
 Department Number: 010-116

	FY2017 Actual	FY2018 Budget	FY2019 Proposed
EXPENDITURES			
Salaries, Elect/Appt/Dept Head	39,680.84	41,936.00	0.00
Salaries, Deputies/Assistants	31,888.80	33,136.00	0.00
Labor			
FICA/Medicare	5,478.58	5,743.00	0.00
Retirement	4,446.04	4,926.72	0.00
Health Insurance	13,927.74	14,190.00	0.00
Communications	1,997.39	2,411.37	0.00
Utilities			
Office Expense	1,153.92	1,200.00	0.00
Dues & Memberships			
Repairs & Maintenance			
Buildings/Grounds			
Equipment	487.50	500.00	0.00
Vehicles			
Services			
Service Contract/Licenses	1,386.67	1,398.63	0.00
Other Services			
Education & Travel	538.20	1,000.00	0.00
Fuel			
Misc.			
Furniture & Equip. (less than \$500)	789.77	500.00	0.00
Capital Outlay			
Other _____			
Other _____			
Other _____			
Other _____			
Total Expenditures	101,775.45	106,941.72	0.00

**PRESIDIO COUNTY
ADOPTED BUDGET**

Department Name: **CO. TREASURER**
 Department Number: 010-115

	FY2017 Actual	FY2018 Budget	FY2019 Proposed
EXPENDITURES			
Salaries, Elect/Appt/Dept Head	43,282.56	44,282.45	44,282.45
Salaries, Deputies/Assistants	29,971.76	33,659.20	34,611.20
Labor			
FICA/Medicare	5,604.03	5,962.54	6,035.38
Retirement	4,548.94	5,018.86	5,483.12
Health Insurance	13,910.00	14,358.36	14,118.08
Communications	1,815.27	1,500.00	1,551.84
Utilities			
Office Expense	2,104.86	3,382.74	2,882.74
Dues & Memberships	175.00	175.00	175.00
Repairs & Maintenance			
Buildings/Grounds			
Equipment			
Vehicles			
Services			
Service Contract/Licenses	1,957.26	1,400.00	2,380.00
Other Services	1,330.35	1,000.00	1,000.00
Education & Travel	2,507.99	3,500.00	4,000.00
Fuel	122.82	486.00	486.00
Misc.			
Furniture & Equip. (less than \$500)		1,000.00	1,000.00
Capital Outlay	2,420.00		
Other _____			
Other _____			
Other _____			
Other _____			
Total Expenditures	109,750.84	115,725.15	118,005.81

**PRESIDIO COUNTY
ADOPTED BUDGET**

Department Name: **CO. AUDITOR**
 Department Number: 010-118

	FY2017 <u>Actual</u>	FY2018 <u>Budget</u>	FY2019 <u>Proposed</u>
EXPENDITURES			
Salaries, Elect/Appt/Dept Head	51,028.04	51,936.04	51,936.04
Salaries, Deputies/Assistants	34,944.00	35,944.00	36,899.20
Labor	0.00	21,840.00	21,840.00
FICA/Medicare	6,576.99	8,393.59	8,466.66
Retirement	5,338.16	7,199.63	7,691.93
Health Insurance	14,086.86	14,190.00	14,118.08
Communication	1,470.85	1,427.00	2,143.68
Utilities			
Office Expense	522.43	810.00	810.00
Dues & Memberships	175.00	200.00	200.00
Repairs & Maintenance			
Buildings/Grounds			
Equipment		500.00	250.00
Vehicles			
Services			
Service Contract/Licenses	2,033.15	2,000.00	3,600.00
Other Services	165.00		
Education & Travel	1,155.84	2,000.00	2,250.00
Fuel			
Misc.			
Furniture & Equip. (less than \$500)	227.99	490.00	490.00
Capital Outlay			
Other _____			
Other _____			
Other _____			
Other _____			
Total Expenditures	<u>117,724.31</u>	<u>146,930.26</u>	<u>150,695.59</u>

Presidio County, Texas

FILED FOR RECORD at 2:43 P.M.

OCT 04 2019

Virginia Salazar
 COUNTY CLK, PRESIDIO CO.

ADOPTED BUDGET

FISCAL YEAR 2020

10-1-2019 TO 9-30-2020

This budget will raise less revenue from property taxes than last year's budget by an amount of \$13,544, which is an .37% decrease from last year's budget. The property tax revenue to be raised from new property added to the tax roll this year is \$20,196.

Members of Commissioners Court voting in favor of the budget : Judge Cinderela Guevara; Commissioner Eloy Aranda; Commissioner Brenda Bentley; Commissioner Frank Knight.

Members absent: Commissioner Jose Cabezuela

Members voting against the budget: none

<u>Tax Rates/Debt Obligations</u>	<u>FY 2019</u>	<u>FY 2020</u>
Property tax rate	\$0.614750	\$0.604250
Effective tax rate	\$0.571560	\$0.604250
Effective M&O tax rate	\$0.521210	\$0.553290
Rollback tax rate	\$0.614750	\$0.611470
Debt tax rate	\$0.051850	\$0.050960
Total debt obligations	\$483,000.00	\$221,512.00

**DEFENDANT'S
EXHIBIT**

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EXHIBIT 11

**PRESIDIO COUNTY
ADOPTED BUDGET**

Department Name: COUNTY COMMISSIONERS
Department Number: 010-104

	<u>FY2018 Actual</u>	<u>FY2019 Budget</u>	<u>FY2020 Budget</u>
EXPENDITURES			
Salaries, Elect/Appt/Dept Head	68,094.39	79,391.92	83,028.56
Salaries, Deputies/Assistants			
Labor			
FICA/Medicare	5,209.28	6,073.53	6,351.68
Retirement	4,457.50	5,517.78	6,152.42
Health Insurance	21,713.57	28,236.16	28,236.16
Communications	0.00	0.00	
Utilities			
Office Expense			
Dues & Memberships	1,200.00	1,250.00	1,250.00
Repairs & Maintenance			
Buildings/Grounds			
Equipment			
Vehicles		500.00	500.00
Services			
Service Contract/Licenses			
Other Services			
Education & Travel	5,030.96	9,000.00	12,000.00
Fuel	748.16	1,000.00	1,000.00
Misc.			
Furniture & Equip. (less than \$500)			
Capital Outlay			
Other _____			
Other _____			
Other _____			
Other _____			
Total Expenditures	106,453.86	130,969.39	138,518.82

PRESIDIO COUNTY
ADOPTED BUDGET

Department Name: CO. TREASURER
Department Number: 010-115

EXPENDITURES	FY2018 Actual	FY2019 Budget	FY2020 Budget
Salaries, Elect/Appt/Dept Head	44,282.68	44,282.45	45,191.68
Salaries, Deputies/Assistants	33,683.30	34,611.20	35,547.20
Labor			
FICA/Medicare	5,964.50	6,035.38	6,176.52
Retirement	5,104.35	5,483.12	5,982.75
Health Insurance	14,313.65	14,118.08	14,118.08
Communications	1,714.64	1,551.84	1,400.00
Utilities			
Office Expense	3,242.24	2,882.74	2,882.74
Dues & Memberships	175.00	175.00	175.00
Repairs & Maintenance			
Buildings/Grounds			
Equipment			
Vehicles			
Services			
Service Contract/Licenses	1,386.66	2,380.00	2,380.00
Other Services	867.47	1,000.00	1,131.25
Education & Travel	1,550.34	4,000.00	4,486.00
Fuel	327.00	486.00	
Misc.			
Furniture & Equip. (less than \$500)	823.97	1,000.00	1,000.00
Capital Outlay	0.00		
Other			
Other			
Other			
Other			
Total Expenditures	113,435.80	118,005.81	120,471.23

PRESIDIO COUNTY
ADOPTED BUDGET

Department Name: **CO. AUDITOR**
Department Number: 010-118

EXPENDITURES	<u>FY2018 Actual</u>	<u>FY2019 Budget</u>	<u>FY2020 Budget</u>
Salaries, Elect/Appt/Dept Head	51,936.04	51,936.04	52,845.04
Salaries, Deputies/Assistants	35,971.85	36,899.20	35,256.00
Labor	0.00	21,840.00	21,840.00
FICA/Medicare	6,725.03	8,466.66	8,410.49
Retirement	5,755.34	7,691.93	8,146.63
Health Insurance	14,313.65	14,118.08	14,118.08
Communication	1,713.56	2,143.68	1,850.00
Utilities			
Office Expense	463.19	810.00	1,000.00
Dues & Memberships	175.00	200.00	200.00
Repairs & Maintenance			
Buildings/Grounds			
Equipment	379.98	250.00	250.00
Vehicles			
Services			
Service Contract/Licenses	1,386.67	3,600.00	3,600.00
Other Services	0.00		
Education & Travel	1,317.17	2,250.00	2,650.00
Fuel			
Misc.			
Furniture & Equip. (less than \$500)	484.97	490.00	
Capital Outlay			1,350.00
Other _____			
Other _____			
Other _____			
Other _____			
Total Expenditures	<u><u>120,622.45</u></u>	<u><u>150,695.59</u></u>	<u><u>151,516.24</u></u>

Presidio County, Texas



ADOPTED BUDGET

FISCAL YEAR 2020

10-1-2020 TO 9-30-2021

**DEFENDANT'S
EXHIBIT**

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This budget will raise less revenue from property taxes than last year's budget by an amount of \$74,655, which is a 2.29% decrease from last year's budget. The property tax revenue to be raised from new property added to the tax roll this year is \$16,357.

Members of Commissioners Court voting in favor of the budget : Judge Cinderela Guevara; Commissioner Eloy Aranda; Commissioner Brenda Bentley; Commissioner Frank Knight; Commissioner Jose Cabezuela

Members absent: none

Members voting against the budget: none

<u>Tax Rates/Debt Obligations</u>	<u>FY 2020</u>	<u>FY 2021</u>
Property tax rate	\$0.604250	\$0.553000
No-new-revenue tax rate	\$0.604250	\$0.556480
No-new-revenue M & O tax rate	\$0.553290	\$0.512040
Voter-approval tax rate	\$0.611470	\$0.553000
Debt tax rate	\$0.050960	\$0.000000
Total debt obligations	\$221,512.00	\$0.00

09/29/20
TIME:02:15 PM

PRESIDIO COUNTY
FISCAL YEAR 2021 ADOPTED BUDGET
MAINTENANCE & OPERATIONS

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PREPARER:0014

Account Number and Title	T C	Actual Exper YEAR - 2019	Amended Budget YEAR - 2020	Prop Budget YEAR - 2021
REPORTING FUND: 0010 GENERAL FUND				
0104 CO COMMISSIONERS EXPENDITURES				
=====				
0401 SALARY COMMISSIONERS	E	79,392.57	83,028.56	87,028.40
0410 FICA	E	6,079.10	6,351.68	6,657.67
0411 MEDICAL INSURANCE	E	26,370.37	28,236.16	28,356.00
0412 RETIREMENT	E	5,460.87	6,152.42	6,266.04
0425 OFFICE EXPENSES	E	0.00	0.00	0.00
0430 DUES & MEMBERSHIPS	E	1,200.00	1,250.00	1,250.00
0434 EDUCATION & TRAVEL	E	9,242.10	12,000.00	11,557.00
0440 COMMUNICATIONS	E	0.00	0.00	0.00
0450 FUEL	E	745.28	1,000.00	1,000.00
0477 REPAIRS & MAINT VEHICLES	E	15.00	500.00	500.00

CO COMMISSIONERS EXPENDITURES		128,505.29	138,518.82	142,615.11
0105 COUNTY V A OFFICER EXPENDITURES				
=====				
0401 SALARY V A OFFICER	E	20,670.52	21,579.52	22,579.48
0410 FICA	E	1,581.32	1,650.84	1,727.33
0412 RETIREMENT	E	1,420.40	1,599.04	1,625.72
0425 OFFICE EXPENSES	E	80.99	590.00	590.00
0430 DUES AND MEMBERSHIPS	E	0.00	20.00	20.00
0434 EDUCATION & TRAVEL	E	162.00	828.00	724.00
0440 COMMUNICATIONS	E	350.81	330.00	325.00
0450 FUEL	E	758.22	892.00	892.00
0451 OPERATING SUPPLIES	E	623.99	800.00	800.00
0650 CAPITAL	E	0.00	0.00	0.00
0651 FURN & EQUIP < \$500	E	123.28	0.00	0.00

COUNTY V A OFFICER EXPENDITURES		25,771.53	28,289.40	29,283.53
0106 REGISTRAR				
=====				
0425 OFFICE EXPENSE	E	0.00	661.00	661.00
0434 EDUCATION & TRAVEL	E	0.00	1,000.00	922.00
0650 CAPITAL OUTLAY	E	0.00	599.00	599.00
0651 FURN & EQUIP < \$500	E	0.00	340.00	340.00

REGISTRAR		0.00	2,600.00	2,522.00
0107 NON DEPARTMENTAL EXPENDITURES				
=====				
0400 TRANSFERS TO OTHER FUNDS	E	123,080.06	42,500.00	30,000.00
0406 FINANCIAL OFF. TEMP. LABOR	E	0.00	10,000.00	10,000.00
0407 COMP TIME PAYOUT	E	47,406.70	14,000.00	0.00
0409 MISCELLANEOUS LABOR	E	4,100.00	0.00	0.00
0410 FICA	E	3,936.70	765.00	765.00
0411 MEDICAL INSURANCE	E	12,667.85	14,189.36	30,696.00
0412 RETIREMENT	E	3,439.62	741.00	720.00
0413 WORKERS COMP	E	22,014.00	22,719.00	17,569.00
0414 UNEMPLOYMENT COMP	E	3,108.78	10,350.00	15,500.00
0430 DUES & MEMBERSHIPS	E	4,991.00	5,576.00	5,576.00
0440 COMMUNICATIONS	E	4,821.27	2,850.00	2,850.00
0445 NOTICES	E	7,078.25	6,256.00	5,000.00

09/29/20
TIME:02:15 PM

PRESIDIO COUNTY
FISCAL YEAR 2021 ADOPTED BUDGET
MAINTENANCE & OPERATIONS

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Account Number and Title	T C	Actual YEAR - 2019	Exper YEAR - 2020	Amended Budget YEAR - 2021	Prop Budget YEAR - 2021
REPORTING FUND: 0010 GENERAL FUND					
0409 COURT RECORDER SUPPLEMENT	E		1,200.00	1,500.00	
0410 FICA	E	2,491.32	2,114.51	2,059.06	
0411 MEDICAL INSURANCE	E	9,030.70	5,535.12	3,244.00	
0412 RETIREMENT	E	2,237.96	2,011.32	1,937.94	
0420 CAR ALLOWANCE	E	0.00	0.00	0.00	
0425 OFFICE EXPENSES	E	427.52	956.69	956.29	
0430 DUES & MEMBERSHIPS	E	340.75	357.30	357.30	
0434 EDUCATION AND TRAVEL	E	2,056.26	1,636.31	1,636.31	
0440 COMMUNICATIONS	E	1,050.94	1,988.20	1,988.20	
0450 FUEL	E	0.00	0.00	0.00	
0462 OTHER SERVICES	E	0.00	19,333.19	17,833.19	
0463 VISITING JUDGES	E	1,098.00	2,090.90	2,090.90	
0464 COURT REPORTER/VISITING	E	714.21	271.90	1,500.00	
0495 UTILITIES	E	0.00	385.00	385.00	
0540 LIABILITY INSURANCE	E	300.00	339.90	339.90	
0547 JUDICIAL ADMIN DISTR ASSESS	E	0.00	0.00	0.00	
0580 LAW LIBRARY	E	391.84	1,326.64	1,326.64	
0599 MISCELLANEOUS	E	300.19	4,134.25	4,134.25	
0650 CAPITAL	E	0.00	3,005.22	3,005.22	
0651 FURN/EQUIPMENT < \$500	E	0.00	1,334.60	1,334.60	
DISTRICT COURT EXPENDITURES		53,007.03	74,461.65	71,044.62	
0113 DISTRICT ATTORNEY EXPENDITURES					
=====					
0462 OTHER SERVICES	E	36,200.00	36,200.00	35,285.00	
DISTRICT ATTORNEY EXPENDITURES		36,200.00	36,200.00	35,285.00	
0115 COUNTY TREASURER EXPENDITURES					
=====					
0401 SALARY TREASURER	E	44,282.68	45,191.68	46,191.64	
0402 DEPUTY	E	34,611.20	35,547.20	36,587.20	
0406 LABOR	E	0.00	0.00	0.00	
0410 FICA	E	6,035.38	6,176.52	6,332.58	
0411 MEDICAL INSURANCE	E	14,187.54	14,118.08	14,178.00	
0412 RETIREMENT	E	5,421.54	5,982.75	5,960.08	
0425 OFFICE EXPENSES	E	2,764.04	2,882.74	2,882.74	
0430 DUES & MEMBERSHIPS	E	175.00	175.00	175.00	
0434 EDUCATION & TRAVEL	E	3,368.06	3,743.30	4,486.00	
0440 COMMUNICATIONS	E	1,329.54	1,550.00	1,550.00	
0450 FUEL	E	100.13	0.00	0.00	
0461 SERVICE CONTRACT/LICENSES	E	1,855.00	1,855.00	2,380.00	
0462 OTHER SERVICES	E	611.25	560.00	1,131.25	
0650 CAPITAL	E	0.00	2,450.00	0.00	
0651 FURN/EQUIPMENT < \$500	E	713.80	388.95	500.00	
COUNTY TREASURER EXPENDITURES		115,455.16	120,621.22	122,354.49	
0116 OMB EXPENDITURES					
=====					
0401 HEAD OF DEPARTMENT	E	0.00	0.00	0.00	
0402 ASSISTANTS	E	0.00	0.00	0.00	
0406 LABOR	E	0.00	0.00	0.00	

IN THE DISTRICT COURT OF PRESIDIO COUNTY, TEXAS
394TH JUDICIAL DISTRICT

ORDER APPOINTING COUNTY AUDITOR

BE IT REMEMBERED that on March 27, 2014, Roy B. Ferguson, Judge of the 394th Judicial District Court of Presidio County (being the only district court for Presidio County) announced his determination that the financial situation of Presidio County warrants appointment of a county auditor, pursuant to Texas Local Government Code 84.002(b).

BE IT FURTHER REMEMBERED that on this day – May 14, 2014 – Judge Ferguson held a meeting for the purpose of appointing a County Auditor for Presidio County for a term beginning on May 15, 2014, and ending on May 14, 2016, which meeting is recorded in the Special Minutes of the District Court.

IT IS HEREBY ORDERED by the Court that Rick Herrman BE AND HEREBY IS APPOINTED as Presidio County Auditor, to serve a two year term beginning on May 15, 2014.

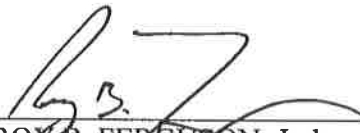
IT IS FURTHER ORDERED that the Clerk of the District Court record this Order, in the Special Minutes of the District Court, and that a certified copy hereof shall be provided to the Commissioners Court of Presidio County, Texas, for observance and recording in its Minutes.

SIGNED and ORDERED on this the 14th day of May, 2014.

FILED FOR RECORD at 3:57 P.M.

MAY 14 2014


DISTRICT CLERK PRESIDIO CO.


ROY B. FERGUSON, Judge
394th Judicial District

DEFENDANT'S
EXHIBIT

26

**IN THE DISTRICT COURT OF PRESIDIO COUNTY, TEXAS
394TH JUDICIAL DISTRICT**

ORDER ESTABLISHING COMPENSATION OF COUNTY AUDITOR

WHEREAS, on May 6, 2014, the 394th Judicial District Court of Presidio County, Texas, after publication of notice, held a public hearing for the purpose of setting the salary of the County Auditor and his assistants;

IT IS THEREFORE ORDERED AS FOLLOWS:

IT IS ORDERED by the Court that Rick Herrman as Presidio County Auditor shall receive compensation for his services in an annual salary from the general fund of said county in the amount of \$50,848.86 per annum.

IT IS FURTHER ORDERED by the Court that the Auditor is authorized to employ a full-time assistant to be compensated in the amount of \$37,500 per annum.

IT IS FURTHER ORDERED by the Court that the Auditor is authorized at his discretion to employ a second full-time or part-time assistant to be compensated in the amount of not more than \$21,840 per annum.

Said salaries shall be payable on a bi-weekly basis out of the general fund of said county. It is further ordered that, should Presidio County department heads receive a salary increase during the fiscal year, the County Auditor shall receive the same percentage salary increase, without further public hearing. The Auditor and each Assistant Auditor shall receive all benefits of full-time county employment.

AND, BE IT FURTHER ORDERED by the Court that a certified copy of this Order shall be recorded in the minutes of the District Court of Presidio County, Texas, and that the District Clerk shall certify the same for observance to and recording in the minutes of the Commissioners Court of Presidio County, Texas.


This Order shall be effective from the 15th day of May, 2014.

SIGNED and SO ORDERED on this the 14th day of May, 2014.

FILED FOR RECORD at 3:58 P.M.

MAY 14 2014


DISTRICT CLERK PRESIDIO CO.



ROY B. FERGUSON, Judge
394th Judicial District

05-13-2021**BUDGET ANALYSIS USAGE REPORT ** EXPENSE ACCOUNTS
 TIME:03:41 PM - EFFECTIVE MONTH:13

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 PREPARER:0014

ACCOUNT NO	ACCOUNT-TITLE	ORIGINAL BUDGET-AMOUNT	AMENDED BUDGET-AMOUNT	ENCUMBERED YEAR-TO-DATE	ACTIVITY YEAR-TO-DATE	ACTIVITY MONTH-TO-DATE	CURRENT USED BALANCE	USED PCT
REPORTING FUND: 0021 R&B PRECINCT 01							EFFECTIVE MONTH - 13	
0151 R&B PCT 01 EXPENDITURE								
=====								
21-151-401	SALARY COMMISSIONER	16,883.76	16,883.76	0.00	16,883.76	0.00	0.00	100
21-151-402	DEPUTIES AND ASSISTANTS	24,113.33	24,113.33	0.00	22,045.70	0.00	2,067.63	91
21-151-406	LABOR	14,214.00	14,214.00	0.00	13,447.76	0.00	766.24	95
21-151-410	FICA	4,223.65	4,223.65	0.00	3,563.46	0.00	660.19	84
21-151-411	MEDICAL INSURANCE	11,070.24	11,070.24	0.00	8,064.86	0.00	3,005.38	73
21-151-412	RETIREMENT	3,329.23	3,329.23	0.00	2,839.82	0.00	489.41	85
21-151-413	WORKERS COMP: IN DEPT 107	0.00	0.00	0.00	0.00	0.00	0.00	
21-151-420	CAR ALLOWANCE	0.00	0.00	0.00	0.00	0.00	0.00	
21-151-435	OPERATING SUPPLIES	21,390.50	21,390.50	0.00	23,319.97	1,184.62	1,929.47	109
21-151-439	TRAINING	0.00	0.00	0.00	175.00	0.00	175.00	-
21-151-440	COMMUNICATIONS	582.81	582.81	0.00	188.26	0.00	394.55	32
21-151-445	TRANSPORTATION	2,165.00	2,165.00	0.00	20.89	0.00	2,144.11	01
21-151-450	FUEL	0.00	0.00	0.00	8,898.93	1,011.90	8,898.93	-
21-151-475	EQUIP MAINT	2,000.00	2,000.00	0.00	2,125.94	128.29	125.94	106
21-151-495	UTILITIES	2,991.81	2,991.81	0.00	704.89	0.00	2,286.92	24
21-151-540	INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	
21-151-590	EQUIPMENT LEASE	0.00	0.00	0.00	0.00	0.00	0.00	
21-151-640	NOTE PAYMENTS	0.00	0.00	0.00	0.00	0.00	0.00	
21-151-645	MISC	4,000.00	4,000.00	0.00	3,496.91	3,237.11	503.09	87
21-151-650	CAPITAL	16,000.00	16,000.00	0.00	9,499.00	0.00	6,501.00	59

	R&B PCT 01 EXPENDITURE	122,964.33	122,964.33	0.00	115,275.15	5,561.92	7,689.18	94
R&B PRECINCT 01								
	INCOME TOTALS	0.00	0.00		0.00	0.00	0.00	
	EXPENSE TOTALS	122,964.33	122,964.33	0.00	115,275.15	5,561.92	7,689.18	94

**DEFENDANT'S
EXHIBIT**

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05-13-2021**BUDGET ANALYSIS USAGE REPORT ** EXPENSE ACCOUNTS
 TIME:03:41 PM - EFFECTIVE MONTH:13

PAGE 8
 PREPARER:0014

ACCOUNT NO	ACCOUNT-TITLE	ORIGINAL BUDGET-AMOUNT	AMENDED BUDGET-AMOUNT	ENCUMBERED YEAR-TO-DATE	ACTIVITY YEAR-TO-DATE	ACTIVITY MONTH-TO-DATE	CURRENT BALANCE	USED PCT
REPORTING FUND: 0022 R&B PRECINCT 02							EFFECTIVE MONTH - 13	
0152 R&B PCT 02 EXPENDITURE								
=====								
22-152-401	SALARY COMMISSIONER	16,883.76	16,883.76	0.00	16,883.76	0.00	0.00	100
22-152-402	SALARY REGULAR	24,113.33	24,113.33	0.00	956.32	0.00	23,157.01	04
22-152-406	LABOR	14,214.00	14,214.00	0.00	1,879.82	0.00	12,334.18	13
22-152-410	FICA	4,223.65	4,223.65	0.00	1,408.61	0.00	2,815.04	33
22-152-411	MEDICAL INSURANCE	11,070.24	11,070.24	0.00	526.92	0.00	10,543.32	05
22-152-412	RETIREMENT	3,329.23	3,329.23	0.00	1,094.66	0.00	2,234.57	33
22-152-413	WORKERS COMP: IN DEPT 107	0.00	0.00	0.00	0.00	0.00	0.00	
22-152-420	CAR ALLOWANCE	0.00	0.00	0.00	0.00	0.00	0.00	
22-152-435	OPERATING SUPPLIES	21,390.50	21,390.50	0.00	53,914.01	703.58-	32,523.51-	252
22-152-439	TRAINING	0.00	0.00	0.00	175.00	0.00	175.00-	
22-152-440	COMMUNICATIONS	582.81	582.81	0.00	396.62	0.00	186.19	68
22-152-445	TRANSPORTATION	2,165.00	2,165.00	0.00	1,132.19	0.00	1,032.81	52
22-152-450	FUEL	0.00	0.00	0.00	31,657.99	89.03	31,657.99-	
22-152-475	EQUIP MAINT	2,000.00	2,000.00	0.00	10,421.54	130.12	8,421.54-	521
22-152-495	UTILITIES	2,991.81	2,991.81	0.00	1,979.80	219.63	1,012.01	66
22-152-540	INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	
22-152-640	EQUIPMENT LEASE/NOTE	0.00	0.00	0.00	108,736.28	6,720.40	108,736.28-	
22-152-645	MISC	4,000.00	4,000.00	0.00	117.80	12.50-	3,882.20	03
22-152-650	CAPITAL	16,000.00	16,000.00	0.00	0.00	0.00	16,000.00	00

	R&B PCT 02 EXPENDITURE	122,964.33	122,964.33	0.00	231,281.32	6,443.10	108,316.99-	188
R&B PRECINCT 02								
	INCOME TOTALS	0.00	0.00		0.00	0.00	0.00	
	EXPENSE TOTALS	122,964.33	122,964.33	0.00	231,281.32	6,443.10	108,316.99-	188

05-13-2021**BUDGET ANALYSIS USAGE REPORT ** EXPENSE ACCOUNTS
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ACCOUNT NO	ACCOUNT-TITLE	ORIGINAL BUDGET-AMOUNT	AMENDED BUDGET-AMOUNT	ENCUMBERED YEAR-TO-DATE	ACTIVITY YEAR-TO-DATE	ACTIVITY MONTH-TO-DATE	CURRENT BALANCE	USED PCT
REPORTING FUND: 0023 R&B PRECINCT 03							EFFECTIVE MONTH - 13	
0153 R&B PCT 03 EXPENDITURES								
=====								
23-153-401	SALARY COMMISSIONER	16,391.42	16,391.42	0.00	16,391.40	0.00	0.02	100
23-153-402	SALARY REGULAR	24,113.33	24,113.33	0.00	24,107.20	0.00	6.13	100
23-153-406	SALARY LABOR	14,214.00	14,214.00	0.00	17,600.00	0.00	3,386.00-	124
23-153-410	FICA	4,185.98	4,185.98	0.00	4,393.37	0.00	207.39-	105
23-153-411	MEDICAL INSURANCE	11,070.24	11,070.24	0.00	11,715.36	0.00	645.12-	106
23-153-412	RETIREMENT	3,299.54	3,299.54	0.00	3,530.59	0.00	231.05-	107
23-153-413	WORKERS COMP: IN DEPT 107	0.00	0.00	0.00	0.00	0.00	0.00	
23-153-420	CAR ALLOWANCE	0.00	0.00	0.00	0.00	0.00	0.00	
23-153-435	OPERATING SUPPLIES	21,390.50	21,390.50	0.00	6,268.24	356.44	15,122.26	29
23-153-439	TRAINING	0.00	0.00	0.00	0.00	0.00	0.00	
23-153-440	COMMUNICATION	582.81	582.81	0.00	0.00	0.00	582.81	00
23-153-445	TRANSPORTATION	2,165.00	2,165.00	0.00	0.00	0.00	2,165.00	00
23-153-450	FUEL	0.00	0.00	0.00	10,395.14	68.00	10,395.14-	
23-153-475	EQUIP MAINTENANCE	2,000.00	2,000.00	0.00	179.00	179.00	1,821.00	09
23-153-495	UTILITIES	2,991.81	2,991.81	0.00	0.00	0.00	2,991.81	00
23-153-540	INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	
23-153-645	MISC	4,000.00	4,000.00	0.00	67.80	0.00	3,932.20	02
23-153-650	CAPITAL	16,000.00	16,000.00	0.00	0.00	0.00	16,000.00	00

	R&B PCT 03 EXPENDITURES	122,404.63	122,404.63	0.00	94,648.10	603.44	27,756.53	77
R&B PRECINCT 03								
	INCOME TOTALS	0.00	0.00		0.00	0.00	0.00	
	EXPENSE TOTALS	122,404.63	122,404.63	0.00	94,648.10	603.44	27,756.53	77

05-13-2021**BUDGET ANALYSIS USAGE REPORT ** EXPENSE ACCOUNTS
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ACCOUNT NO	ACCOUNT-TITLE	ORIGINAL BUDGET-AMOUNT	AMENDED BUDGET-AMOUNT	ENCUMBERED YEAR-TO-DATE	ACTIVITY YEAR-TO-DATE	ACTIVITY MONTH-TO-DATE	CURRENT BALANCE	USED PCT
REPORTING FUND: 0024 R&B PRECINCT 04							EFFECTIVE MONTH - 13	
0154 R&B PCT 04 EXPENDITURES								
=====								
24-154-401	SALARY COMMISSIONER	16,883.76	16,883.76	0.00	18,163.76	0.00	1,280.00-	108
24-154-402	SALARY REGULAR-DEPUTY	24,113.33	24,113.33	0.00	15,525.00	0.00	8,588.33	64
24-154-406	SALARY LABOR	14,214.00	14,214.00	0.00	16,267.75	0.00	2,053.75-	114
24-154-410	FICA	4,223.65	4,223.65	0.00	3,776.66	0.00	446.99	89
24-154-411	MEDICAL INSURANCE	11,070.24	11,070.24	0.00	5,662.56	0.00	5,407.68	51
24-154-412	RETIREMENT	3,329.23	3,329.23	0.00	3,690.29	0.00	361.06-	111
24-154-413	WORKERS COMP: IN DEPT 107	0.00	0.00	0.00	0.00	0.00	0.00	
24-154-420	CAR ALLOWANCE	0.00	0.00	0.00	0.00	0.00	0.00	
24-154-435	OPERATING SUPPLIES	21,390.50	21,390.50	0.00	11,430.22	2,195.75	9,960.28	53
24-154-439	TRAINING	0.00	0.00	0.00	0.00	0.00	0.00	
24-154-440	COMMUNICATIONS	582.81	582.81	0.00	0.00	0.00	582.81	00
24-154-445	TRANSPORTATION	2,165.00	2,165.00	0.00	636.96	29.77	1,528.04	29
24-154-450	FUEL	0.00	0.00	0.00	7,324.16	960.72	7,324.16-	
24-154-475	EQUIP MAINTENANCE	2,000.00	2,000.00	0.00	1,408.17	148.80-	591.83	70
24-154-495	UTILITIES	2,991.81	2,991.81	0.00	262.94	0.00	2,728.87	09
24-154-540	INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	
24-154-590	EQUIPMENT LEASE/NOTE	0.00	0.00	0.00	0.00	0.00	0.00	
24-154-645	MISC	4,000.00	4,000.00	0.00	4,567.80	300.00	567.80-	114
24-154-650	CAPITAL	16,000.00	16,000.00	0.00	3,060.79	0.00	12,939.21	19
R&B PCT 04 EXPENDITURES		122,964.33	122,964.33	0.00	91,777.06	3,337.44	31,187.27	75
R&B PRECINCT 04								
INCOME TOTALS		0.00	0.00		0.00	0.00	0.00	
EXPENSE TOTALS		122,964.33	122,964.33	0.00	91,777.06	3,337.44	31,187.27	75

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REPORTING FUND: 0010 GENERAL FUND							EFFECTIVE MONTH - 13	
0116 OFFICE OF MANAGEMENT & BUDGET								
=====								
10-116-401	COUNTY COMMISSIONERS	69,561.09	69,561.09	0.00	78,161.92	0.00	8,600.83-	112
10-116-402	ASSISTANTS	25,461.60	22,016.80	0.00	0.00	0.00	22,016.80	00
10-116-410	SOCIAL SECURITY	7,269.24	7,269.24	0.00	6,500.37	0.00	768.87	89
10-116-411	GROUP MEDICAL INSURANCE	27,675.60	27,675.60	0.00	16,321.81	0.00	11,353.79	59
10-116-412	RETIREMENT	5,729.87	5,729.87	0.00	4,880.55	0.00	849.32	85
10-116-425	OFFICE SUPPLIES	2,500.00	2,500.00	0.00	199.24	0.00	2,300.76	08
10-116-439	TRAINING	0.00	0.00	0.00	0.00	0.00	0.00	
10-116-440	COMMUNICATIONS	3,000.00	3,000.00	0.00	360.00	0.00	2,640.00	12
10-116-445	TRANSPORTATION	3,000.00	3,000.00	0.00	3,969.83	0.00	969.83-	132
10-116-450	FUEL	0.00	0.00	0.00	7,407.91	0.00	7,407.91-	
10-116-460	PROFESSIONAL SERVICES	30,000.00	30,000.00	0.00	20,687.38	8,360.44	9,312.62	69
10-116-475	REPAIRS AND MAINTENANCE	1,000.00	1,000.00	0.00	0.00	0.00	1,000.00	00
10-116-590	EQUIPMENT LEASE	0.00	0.00	0.00	0.00	0.00	0.00	
10-116-645	MISCELLANEOUS	0.00	0.00	0.00	50.00	0.00	50.00-	
10-116-650	CAPITAL-MACHINERY AND EQUIPMENT	4,000.00	4,000.00	0.00	3,000.00	0.00	1,000.00	75
OFFICE OF MANAGEMENT & BUDGET		179,197.40	175,752.60	0.00	141,539.01	8,360.44	34,213.59	81
GENERAL FUND								
INCOME TOTALS		0.00	0.00		0.00	0.00	0.00	
EXPENSE TOTALS		179,197.40	175,752.60	0.00	141,539.01	8,360.44	34,213.59	81

**DEFENDANT'S
EXHIBIT**

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05-13-2021**BUDGET ANALYSIS USAGE REPORT ** EXPENSE ACCOUNTS
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REPORTING FUND: 0010 GENERAL FUND							EFFECTIVE MONTH - 13	
0116 OFFICE OF MANAGEMENT & BUDGET								
=====								
10-116-401	COUNTY COMMISSIONERS	71,647.92	71,647.92	0.00	71,648.16	0.00	0.24-	100
10-116-402	ASSISTANTS	36,225.45	36,225.45	0.00	0.00	0.00	36,225.45	00
10-116-410	SOCIAL SECURITY	8,252.31	8,252.31	0.00	6,375.80	0.00	1,876.51	77
10-116-411	GROUP MEDICAL INSURANCE	31,631.40	31,631.40	0.00	19,815.24	0.00	11,816.16	63
10-116-412	RETIREMENT	7,162.79	7,162.79	0.00	5,617.07	0.00	1,545.72	78
10-116-425	OFFICE SUPPLIES	1,500.00	1,500.00	0.00	0.00	0.00	1,500.00	00
10-116-439	TRAINING	0.00	0.00	0.00	55.00	0.00	55.00-	
10-116-440	COMMUNICATIONS	1,500.00	1,500.00	0.00	330.00	0.00	1,170.00	22
10-116-445	TRANSPORTATION	4,000.00	4,000.00	0.00	4,986.08	0.00	986.08-	125
10-116-450	FUEL	0.00	0.00	0.00	4,042.39	354.70	4,042.39-	
10-116-460	PROFESSIONAL SERVICES	30,000.00	30,000.00	0.00	51,466.97	1,856.25	21,466.97-	172
10-116-475	REPAIRS AND MAINTENANCE	1,000.00	1,000.00	0.00	0.00	0.00	1,000.00	00
10-116-590	EQUIPMENT LEASE	0.00	0.00	0.00	0.00	0.00	0.00	
10-116-645	MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	
10-116-650	CAPITAL-MACHINERY AND EQUIPMENT	2,000.00	2,000.00	0.00	0.00	0.00	2,000.00	00
OFFICE OF MANAGEMENT & BUDGET		194,919.87	194,919.87	0.00	164,336.71	2,210.95	30,583.16	84
GENERAL FUND								
INCOME TOTALS		0.00	0.00		0.00	0.00	0.00	
EXPENSE TOTALS		194,919.87	194,919.87	0.00	164,336.71	2,210.95	30,583.16	84

**DEFENDANT'S
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REPORTING FUND: 0010 GENERAL FUND							EFFECTIVE MONTH - 13	
0116 OFFICE OF MANAGEMENT & BUDGET								
=====								
010-116-401	HEAD OF DEPARTMENT	50,000.00	39,300.00	0.00	26,152.80	0.00	13,147.20	67
010-116-402	ASSISTANTS	30,000.00	31,000.00	0.00	29,451.72	0.00	1,548.28	95
010-116-406	LABOR	0.00	0.00	0.00	0.00	0.00	0.00	
010-116-410	SOCIAL SECURITY	6,120.00	6,120.00	0.00	4,407.99	0.00	1,712.01	72
010-116-411	GROUP MEDICAL INSURANCE	12,652.56	12,652.56	0.00	5,916.69	0.00	6,735.87	47
010-116-412	RETIREMENT	5,312.00	5,312.00	0.00	3,310.64	0.00	2,001.36	62
010-116-425	OFFICE SUPPLIES	1,500.00	4,000.00	0.00	4,026.25	133.74	26.25	101
010-116-439	TRAINING	0.00	0.00	0.00	0.00	0.00	0.00	
010-116-440	COMMUNICATIONS	1,500.00	1,500.00	0.00	1,865.73	99.39	365.73	124
010-116-445	TRANSPORTATION	1,500.00	1,500.00	0.00	673.12	158.00	826.88	45
010-116-450	FUEL	0.00	0.00	0.00	452.20	0.00	452.20	
010-116-460	PROFESSIONAL SERVICES	30,000.00	30,000.00	0.00	29,803.72	0.00	196.28	99
010-116-475	REPAIRS AND MAINTENANCE	1,000.00	1,000.00	0.00	969.68	0.00	30.32	97
010-116-590	EQUIPMENT LEASE	0.00	0.00	0.00	0.00	0.00	0.00	
010-116-645	MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	
010-116-650	CAPITAL-MACHINERY AND EQUIPMENT	4,000.00	5,500.00	0.00	5,075.51	0.00	424.49	92

OFFICE OF MANAGEMENT & BUDGET		143,584.56	137,884.56	0.00	112,106.05	391.13	25,778.51	81
GENERAL FUND								
INCOME TOTALS		0.00	0.00		0.00	0.00	0.00	
EXPENSE TOTALS		143,584.56	137,884.56	0.00	112,106.05	391.13	25,778.51	81

**DEFENDANT'S
EXHIBIT**

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PRESIDIO COUNTY COMMISSIONERS COURT REGULAR SPECIAL MEETING
To be held TUESDAY, SEPTEMBER 24, 2013 at 9:00 A.M.
At the PRESIDIO COUNTY COURTHOUSE,
301 N HIGHLAND AVE., MARFA, TEXAS

AGENDA:

1. Establish a quorum.

Present:

Paul Hunt, County Judge

Jim White, Commissioner Pct. 1

Eloy Aranda, Commissioner Pct. 2

Lorenzo Hernandez, Commissioner Pct. 3

Buddy Knight, Commissioner Pct. 4

2. Invocation.

3. Acknowledge guests and receive public comments regarding items not on the agenda.
(Public comments received at this time may not be discussed or acted on at this meeting. However, they may be referred for standard county policy or procedure, or scheduled for a future Commissioners Court agenda. Public comments regarding items that are on the agenda will be allowed for discussion when that agenda item is taken up by the court.)

4. Communications to the Court from Presidio County Judge and County Commissioners.

5. Second Public Hearing regarding the Proposed FY2014 Budget and Tax Rate. This Hearing is for the express purpose to invite public comment and discussion with the Commissioners Court regarding the Proposed Budget and Tax Rate.

Commissioner Knight makes motion to closer Public Hearing. Commissioner Aranda seconds. Motion carries.

6. Discussion with action as appropriate to approve the FY 2014 Budget and Tax Rate.

Commissioner Knight makes motion to accept corrections on the M.I.S.D. contract, corrections on the Treasurers Dept., JP1 corrections and move \$12,500.00 from the Non-Dept. fund to the General Fund. Commissioner Hernandez seconds. Motion carries.

Commissioner White makes motion to adopt amendments from OMB Dept. & Road & Bridge Dept. Commissioner Knight seconds. Motion carries.

Commissioner Hernandez makes motion to adopt proposed Budget for FY 2014 with a rate of 0.64809. Commissioner Knight seconds. Motion carries.

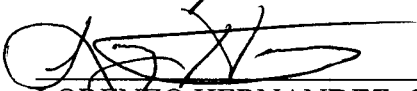
**DEFENDANT'S
EXHIBIT**

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7. Administrative Session – Dept. Activity Reports:
- a. Justice of the Peace, Precinct 2.
No action
 - b. Capital Projects Manager.
Commissioner White makes motion to approve report from Capital Projects Manager. Commissioner
 - c. Airports Manager.
Commissioner White makes motion to approve Airports Managers report.
Commissioner Knight seconds. Motion carries.
8. Report of the Road & Bridge Oversight Committee (Commissioners Pct. 1 and Pct. 2).
Commissioner Hernandez makes motion to table items 8-12. Commissioner Aranda seconds. Motion carries.
9. Report of the Capital Projects Oversight Committee (Committee (Commissioners Pct. 2 and Pct. 3)).
10. Report of the Airports Oversight Committee (Commissioners Pct. 3 & Pct. 4).
11. Report of the Interlocal In-County Oversight Committee (Commissioner Pct. 3 & County Judge).
12. Report of the Interlocal Out-Of-County Oversight Committee (Commissioners Pct. 3 & County Judge).
13. Discussion with action as appropriate regarding countywide burn ban for 90 days.
Commissioner White makes motion to lift burn ban until further notice.
Commissioner Aranda seconds. Motion carries.
14. Approve Budget amendments and line item transfers.
Commissioner Knight makes motion to transfer funds of \$111,033.93 from the Interest & Sinking to the General Fund. Commissioner Hernandez seconds.
Motion carries
15. Approve payment of county bills and expenses.
Commissioner Aranda makes motion to approve the payment of bills as presented with the exception of:
- | | |
|----------------------------------|-----------|
| Dept. 101 City Tele Coin Company | \$1800.00 |
| Dept. 150 Marfa Hardware | 193.32 |
16. Adjourn.
Commissioner Aranda makes motion to adjourn. Commissioner Hernandez seconds. Motion carries.



PAUL HUNT, COUNTY JUDGE


JIM WHITE, COMMISSIONER PCT. 1
ELOY ARANDA, COMMISSIONER PCT. 2
LORENZO HERNANDEZ, COMMISSIONER PCT. 3

BUDDY KNIGHT, COMMISSIONER PCT. 4

ATTEST:-

VIRGINIA PALLAREZ, COUNTY CLERK

Considered AMENDMENTS TO THE PROPOSED FY2013 BUDGET

9/23/2013

	Debits	Credits
REVENUES		
Proposed Net		13,860.07
MISD Security Contract	5,530.00 • correction	
	<u>5,530.00</u>	<u>13,860.07</u>
EXPENSES		
County Treasurer: Group Medical Insurance		6,326.28 • correction
County Treasurer: Unemployment Insurance		243.00 • correction
JP1: Labor	2,970.52 • correction	
JP1: Social Security	227.24 • correction	
JP1: Retirement	197.24 • correction	
JP1: Workmen's Compensation	43.42 • correction	
	<u>3,438.43</u>	<u>6,569.28</u>
		<u>Corrected Net: 11,460.92</u>
Non-dept		
Phone: Probation		1,000.00
Notices		1,000.00
Professional Services		1,000.00
Utilities		1,000.00
County Car		1,000.00
Pauper Burials		2,500.00
Miscellaneous		5,000.00
		<u>12,500.00</u>
County Treasurer		
Assistants	18,720.00	
Social Security	1,432.08	
Group Medical Insurance	6,326.28	
Retirement	1,243.01	
Workmen's Compensation	273.65	
Unemployment Insurance	243.00	
	<u>28,238.02</u>	
OMB --> CCO		
Assistants	10,000.00	
Social Security	765.00	
Group Medical Insurance	-	
Retirement	664.00	
Workmen's Compensation	146.18	
Unemployment Insurance	-	
	<u>11,575.18</u>	

Considered AMENDMENTS TO THE PROPOSED FY2013 BUDGET

9/23/2013

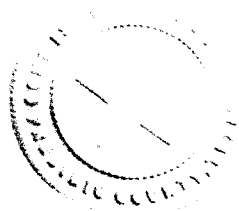
	Debits	Credits
Sheriff's Office		
Sheriff	10,000.00	
Dispatchers	35,797.74	
Social Security	3,503.53	
Group Medical Insurance		
Retirement	3,040.97	
Workmen's Compensation	574.51	
Unemployment Insurance		
Operating Supplies	4,000.00	
Fuel	5,000.00	
		61,916.74
Constables		
Group medical	6,326.28	
		6,326.28
Jail		
Additional Jailors	56,784.00	
Social Security	4,343.98	
Group Medical Insurance	12,652.56	
Retirement	3,770.46	
Workmen's Compensation	830.07	
Unemployment Insurance	486.00	
Operating Supplies	10,000.00	
Repairs	14,000.00	
		102,867.06
Airports		
Machinery and Equip.	1,620.00	
		1,620.00
Road & Bridge		
Equip Lease	12,000.00	
		12,000.00

Considered AMENDMENTS TO THE PROPOSED FY2013 BUDGET

9/23/2013

	<u>Debits</u>	<u>Credits</u>
JP1		
Misc	1,000.00	
	<u>1,000.00</u>	
JP2		
Labor	5,092.32	
Social Security	389.56	
Group Medical Insurance	-	
Retirement	338.13	
Workmen's Compensation	74.44	
Unemployment Insurance	243.00	
Fuel	2,000.00	
Transportation	2,500.00	
	<u>10,637.45</u>	
	<u>236,180.73</u>	<u>12,500.00</u>

Presidio County, Texas



Adopted Budget

FOR

FY 2014

10/1/2013 - 9/30/2014

Version 1.0 2013/09/24

Including all Approved Ammendments to the Proposed FY2014 Budget as of
this date.

PREPARED BY THE OFFICE OF THE COUNTY JUDGE

Paul Hunt

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26	Jail
27	Airports
28	Interest and Sinking Fund (Debt service)
	Summaries
29	General Fund Revenues
30	Consolidated Budget

COUNTY JUDGE

Budget responsibility: Co.Judge

Fund/ line item #					Adopted FY2013	Adopted FY2014	
10-101-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
401	Elected or Appointed Official						
	or Head of Department				51,157.37	52,692.09	
402	Deputies and Assistants				26,319.87	27,109.46	
406	Labor						
	TOTAL PERSONNEL SERVICES				77,477.24	79,801.56	
	BENEFITS						
410	Social Security				5,927.01	6,104.82	
411	Group Medical Insurance				11,070.24	12,652.56	
	Retirement				4,671.88	5,298.82	
	Workmen's Compensation					1,166.54	
	Unemployment Insurance					486.00	
	TOTAL BENEFITS				21,669.13	25,708.74	
	TOTAL PERSONNEL SVCS & BENEFITS				99,146.36	105,510.30	
	SUPPLIES						
425	Office Supplies				4,000.00	2,000.00	
	Operating Supplies						
	TOTAL SUPPLIES				4,000.00	2,000.00	
	OTHER SERVICES						
460	Professional Services						
440	Communication				6,000.00	5,000.00	
445	Transportation				4,000.00	4,000.00	
	Utilities						
475	Repairs and Maintenance				1,000.00	1,000.00	
590	Equipment Lease				1,500.00	1,500.00	
645	Miscellaneous				1,000.00	1,000.00	
	TOTAL OTHER SERVICES				13,500.00	12,500.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other				3,000.00	2,000.00	
	TOTAL CAPITAL OUTLAY				3,000.00	2,000.00	
	TOTAL EXPENDITURES				119,646.36	122,010.30	

CO. & DISTRICT CLERK

Budget responsibility: Co.Clerk

item #	Expenditures		Adopted FY2013	Adopted FY2014
10-103-				
	PERSONNEL SERVICES			
	(Salaries and Wages)			
401	Elected or Appointed Official			
	or Head of Department		37,478.41	38,602.77
402	Deputies and Assistants		79,249.23	81,626.71
406	Labor			
	TOTAL PERSONNEL SERVICES		116,727.64	120,229.47
	BENEFITS			
410	Social Security		8,929.66	9,197.55
411	Group Medical Insurance		22,140.48	25,305.12
412	Retirement		7,038.68	7,983.24
	Workmen's Compensation			1,757.51
	Unemployment Insurance			972.00
	TOTAL BENEFITS		38,108.82	45,215.43
	TOTAL PERSONNEL SVCS & BENEFITS		154,836.47	165,444.90
	SUPPLIES			
425	Office Supplies		10,000.00	9,000.00
	Operating Supplies			
	TOTAL SUPPLIES		10,000.00	9,000.00
	OTHER SERVICES			
460	Professional Services		16,750.00	16,750.00
575	Elections		20,000.00	20,000.00
440	Communication		5,000.00	4,000.00
445	Transportation		5,000.00	4,000.00
	Utilities			
475	Repairs and Maintenance		5,000.00	4,000.00
	Equipment Lease		5,000.00	4,500.00
645	Miscellaneous		500.00	500.00
	TOTAL OTHER SERVICES		57,250.00	53,750.00
650	CAPITAL OUTLAY			
	Machinery and Equipment			
	Other		2,000.00	1,500.00
	TOTAL CAPITAL OUTLAY		2,000.00	1,500.00
	TOTAL EXPENDITURES		224,086.47	229,694.90

COUNTY V A OFFICER

Budget responsibility: Co. V A Officer

Fund/line item #					Adopted FY2013	Adopted FY2014	
10-105-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
401	Elected or Appointed Official or Head of Department				8,639.97	8,899.17	
402	Labor						
	TOTAL PERSONNEL SERVICES				8,639.97	8,899.17	
	BENEFITS						
410	Social Security				660.96	680.79	
	Group Medical Insurance					-	
412	Retirement				520.99	590.90	
	Workmen's Compensation					130.09	
	Unemployment Insurance					243.00	
	TOTAL BENEFITS				1,181.95	1,644.78	
	TOTAL PERSONNEL SVCS & BENEFITS				9,821.92	10,543.95	
	SUPPLIES						
425	Office Supplies				300.00	300.00	
	Operating Supplies						
	TOTAL SUPPLIES				300.00	300.00	
	OTHER SERVICES						
	Professional Services						
440	Communication				1,000.00	1,000.00	
445	Transportation				1,500.00	1,500.00	
	Utilities						
	Repairs and Maintenance						
	Equipment Lease						
	Miscellaneous				1,000.00	1,000.00	
	TOTAL OTHER SERVICES				3,500.00	3,500.00	
	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other				1,500.00	1,000.00	
650	TOTAL CAPITAL OUTLAY				1,500.00	1,000.00	
	TOTAL EXPENDITURES				15,121.92	15,343.95	

NON DEPARTMENTAL FUNDS

Budget responsibility: Co. Judge

Fund/line					Adopted	Adopted	
item #	Expenditures				FY2013	FY2014	
10-107-							
397	Transfers to Other Funds						
400	Transfers						
406	Grant Labor						
407	Grant materials						
408	Grant equipment maint, repair & depreciation						
410	FICA						
411	TCDRS Insurance						
413	Workers Comp						
414	Unemployment Comp						
440	Phone:PW,A&J Prob				8,000.00	5,500.00	
440	Notices				10,000.00	7,500.00	
460	Professional Services				21,000.00	20,000.00	
	Indigent Defense				15,000.00	30,000.00	
470	Water District				40,000.00	30,000.00	
495	Utilities				12,000.00	9,000.00	
500	Annual Audit				40,000.00	40,000.00	
	Juries				7,000.00	7,000.00	
515	Autopsies				7,000.00	15,000.00	
520	Marfa EMS				30,000.00	36,000.00	
525	Probation Service				53,274.00	55,919.00	
530	Appraisal District				92,420.00	111,372.64	
535	Refunds						
540	Insurance				100,000.00	120,000.00	
545	State Comptroller				190,167.22	190,167.22	
550	Presidio EMS				56,250.00	67,500.00	
555	Marfa Fire Dept				12,500.00	15,000.00	
560	Presidio Fire Dept				12,500.00	15,000.00	
	Marfa Food Pantry				2,500.00	2,500.00	
	Presidio Food Basket				5,000.00	5,000.00	
565	Child Welfare Board				4,000.00	4,000.00	
566	Child Advocacy Center				4,000.00	4,000.00	
580	Law Library (w/ \$5k ea. to Marfa & Pres. Libraries)				30,000.00	20,000.00	
585	County Car				5,000.00	4,000.00	
605	Pauper Burials				10,000.00	7,500.00	
645	Miscellaneous				25,000.00	20,000.00	
650	Capital						
	Total Expenditures				792,611.22	841,958.86	

COUNTY JP - MARFA

Budget responsibility: JP Precinct 1

Fund/line					Adopted	Adopted	
item #					FY2013	FY2014	
10-109-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
401	Elected or Appointed Official						
	or Head of Department				30,613.25	31,531.65	
402	Deputies and Assistants				20,528.42	21,144.27	
406	Labor				10,300.00	13,579.52	
	TOTAL PERSONNEL SERVICES				61,441.66	66,255.43	
	BENEFITS						
410	Social Security				3,912.34	5,068.54	
411	Group Medical Insurance				11,070.24	12,652.56	
	Retirement				3,083.84	4,399.36	
	Workmen's Compensation					968.52	
	Unemployment Insurance					729.00	
	TOTAL BENEFITS				18,066.42	23,817.98	
	TOTAL PERSONNEL SVCS & BENEFITS				79,508.08	90,073.42	
	SUPPLIES						
	Office Supplies				3,000.00	3,000.00	
	Operating Supplies						
	TOTAL SUPPLIES				3,000.00	3,000.00	
	OTHER SERVICES						
	Professional Services				4,000.00	3,000.00	
440	Communication				3,000.00	3,000.00	
445	Transportation						
	Utilities						
475	Repairs and Maintenance						
	Equipment Lease						
645	Miscellaneous				1,500.00	1,500.00	
	TOTAL OTHER SERVICES				8,500.00	7,500.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment				2,000.00	1,000.00	
	Other						
	TOTAL CAPITAL OUTLAY				2,000.00	1,000.00	
	TOTAL EXPENDITURES				93,008.08	101,573.42	

COUNTY JP - PRESIDIO

Budget responsibility: JP Precinct 2

Fund/line item #				Adopted FY2013	Adopted FY2014	
10-108-						
	Expenditures					
	PERSONNEL SERVICES					
	(Salaries and Wages)					
401	Elected or Appointed Official					
	or Head of Department			30,613.25	31,531.65	
402	Deputies and Assistants			20,528.42	21,144.27	
406	Labor			8,240.00	8,487.20	
	TOTAL PERSONNEL SERVICES			59,381.66	61,163.11	
	BENEFITS					
410	Social Security			3,912.34	4,678.98	
411	Group Medical Insurance			11,070.24	12,652.56	
	Retirement			3,083.84	4,061.23	
	Workmen's Compensation				894.08	
	Unemployment Insurance				729.00	
	TOTAL BENEFITS			18,066.42	23,015.85	
	TOTAL PERSONNEL SVCS & BENEFITS			77,448.08	84,178.96	
	SUPPLIES					
	Office Supplies			3,000.00	3,000.00	
	Operating Supplies					
	TOTAL SUPPLIES			3,000.00	3,000.00	
	OTHER SERVICES					
	Professional Services			4,000.00	3,000.00	
440	Communication			3,000.00	3,000.00	
445	Transportation					
	Utilities					
475	Repairs and Maintenance					
	Equipment Lease					
645	Miscellaneous			1,500.00	1,500.00	
	TOTAL OTHER SERVICES			8,500.00	7,500.00	
650	CAPITAL OUTLAY					
	Machinery and Equipment			2,000.00	1,000.00	
	Other					
	TOTAL CAPITAL OUTLAY			2,000.00	1,000.00	
	TOTAL EXPENDITURES			90,948.08	95,678.96	

COUNTY ATTORNEY

Budget responsibility: Co. Attorney

			Adopted	Adopted	
Fund/line			FY2013	FY2014	
item #					
10-110-	Expenditures				
	PERSONNEL SERVICES				
	(Salaries and Wages)				
	Elected or Appointed Official				
401	or Head of Department		51,157.37	52,692.09	
402	Deputies and Assistants		27,561.60	28,388.45	
	TOTAL PERSONNEL SERVICES		78,718.97	81,080.54	
	BENEFITS				
410	Social Security		6,022.00	6,202.66	
411	Group Medical Insurance		11,070.24	12,652.56	
412	Retirement		4,746.75	5,383.75	
	Workmen's Compensation			1,185.24	
	Unemployment Insurance			729.00	
	TOTAL BENEFITS		21,839.00	26,153.20	
	TOTAL PERSONNEL SVCS & BENEFITS		100,557.97	107,233.74	
	SUPPLIES				
	Office Supplies		3,000.00	2,500.00	
	Operating Supplies				
	TOTAL SUPPLIES		3,000.00	2,500.00	
	OTHER SERVICES				
	Professional Services		2,500.00	2,000.00	
440	Communication		2,500.00	2,500.00	
445	Transportation		2,000.00	2,000.00	
	Utilities				
475	Repairs and Maintenance		1,000.00	1,000.00	
	Equipment Lease				
645	Miscellaneous		500.00	500.00	
	TOTAL OTHER SERVICES		8,500.00	8,000.00	
650	CAPITAL OUTLAY				
	Machinery and Equipment				
	Other		1,000.00	1,000.00	
	TOTAL CAPITAL OUTLAY		1,000.00	1,000.00	
	TOTAL EXPENDITURES		113,057.97	118,733.74	

DISTRICT COURT

Budget responsibility: District Judge

Fund/line item #					Adopted FY2013	Adopted FY2014	
10-111-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
401	or Head of Department				2,873.98	4,964.36	
402	Deputies and Assistants				9,977.77	10,277.11	
	Labor						
407	Court Reporter				13,910.52	14,745.15	
	TOTAL PERSONNEL SERVICES				26,762.27	29,986.62	
	BENEFITS						
410	Social Security				2,047.31	2,293.98	
	Group Medical Insurance				5,535.12	5,535.12	
412	Retirement				1,613.77	1,808.19	
420	Car Allowance				2,029.50		
	Workmen's Compensation						
	Unemployment Insurance						
	TOTAL BENEFITS				11,225.70	9,637.29	
	TOTAL PERSONNEL SVC & BENEFITS				37,987.97	39,623.91	
	SUPPLIES						
425	Office Supplies				533.54	533.54	
	Operating Supplies						
	TOTAL SUPPLIES				533.54	533.54	
	OTHER SERVICES						
460	Professional Services:	txfr to juries & attys			20,778.19	20,778.19	
	Equipment				432.60	432.60	
440	Communication				1,998.20	1,998.20	
445	Transportation				432.60	800.31	
455	Visiting Judges				2,090.90	2,090.90	
465	Judicial Administrative District Assessment				836.00	836.00	
495	Utilities				385.00	385.00	
505	Juries						
540	Liability Insurance				339.90	339.90	
570	Court Reporter Expense				2,106.35	2,106.35	
580	Law Library				1,326.64	1,326.64	
645	Miscellaneous				764.26	764.26	
	TOTAL OTHER SERVICES				31,490.64	31,858.35	
560	CAPITAL OUTLAY						
	Machinery and Equipment				432.60	560.22	
	Other						
	TOTAL CAPITAL OUTLAY				432.60	560.22	
	TOTAL EXPENDITURES				70,444.75	72,576.02	

DISTRICT ATTORNEY

Budget responsibility: District Attorney/Pecos County as administrator

Fund/line item #					Adopted FY2013	Adopted FY2014	
10-113-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
401	or Head of Department						
620	Deputies and Assistants						
	Labor						
	TOTAL PERSONNEL SERVICES				-	-	
	BENEFITS						
410	Social Security						
411	Group Medical Insurance						
	Retirement						
	Workmen's Compensation						
	Unemployment Insurance						
	TOTAL BENEFITS						
	SUPPLIES						
	Office Supplies						
	Operating Supplies						
	TOTAL SUPPLIES				-	-	
	OTHER SERVICES						
	Professional Services						
440	Communication						
445	Transportation						
495	Utilities						
475	Repairs and Maintenance						
	Equipment Lease						
645	Miscellaneous *				40,000.00	41,200.00	
	TOTAL OTHER SERVICES				40,000.00	41,200.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other						
	TOTAL CAPITAL OUTLAY						
	TOTAL EXPENDITURES				40,000.00	41,200.00	

* Pecos County will collect from all district counties and administrate the the total DA budget

COUNTY TREASURER

Budget responsibility: Co. Treasurer

Fund/line				Adopted	Adopted	
item #				FY2013	FY2014	
10-115-						
	Expenditures					
	PERSONNEL SERVICES					
	(Salaries and Wages)					
401	Elected or Appointed Official					
	or Head of Department			41,113.06	42,346.45	
402	Deputies and Assistants			28,424.00	29,276.72	
406	Labor					
	TOTAL PERSONNEL SERVICES			69,537.06	71,623.17	
	BENEFITS					
410	Social Security			5,319.58	5,479.17	
411	Group Medical Insurance			11,070.24	12,652.56	
	Retirement			4,193.08	4,755.78	
	Workmen's Compensation				1,046.99	
	Unemployment Insurance				486.00	
	TOTAL BENEFITS			20,582.91	24,420.50	
	Total Personal Svcs & Benefits			90,119.97	96,043.67	
	SUPPLIES					
425	Office Supplies			2,500.00	2,500.00	
	Operating Supplies					
	TOTAL SUPPLIES			2,500.00	2,500.00	
	OTHER SERVICES					
460	Professional Services			5,000.00	5,000.00	
440	Communication			3,000.00	2,500.00	
445	Transportation			2,000.00	2,000.00	
	Utilities					
475	Repairs and Maintenance			1,000.00	500.00	
	Equipment Lease					
645	Miscellaneous			500.00	500.00	
	TOTAL OTHER SERVICES			11,500.00	10,500.00	
650	CAPITAL OUTLAY					
	Machinery and Equipment					
	Other			2,000.00	2,000.00	
	TOTAL CAPITAL OUTLAY			2,000.00	2,000.00	
	TOTAL EXPENDITURES			106,119.97	111,043.67	

OFFICE OF MANAGEMENT & BUDGET

Budget responsibility: Co. Judge

				Adopted	Adopted	
Fund/line				FY2013	FY2014	
item #						
10-116-						
	Expenditures					
	PERSONNEL SERVICES					
	(Salaries and Wages)					
401	County Commissioners			69,561.09	71,647.92	
402	Assistants			25,461.60	36,225.45	
406	Labor					
	TOTAL PERSONNEL SERVICES			95,022.69	107,873.37	
	BENEFITS					
410	Social Security			7,269.24	8,252.31	
411	Group Medical Insurance			27,675.60	31,631.40	
412	Retirement			5,729.87	7,162.79	
	Workmen's Compensation				1,576.89	
	Unemployment Insurance				1,215.00	
	TOTAL BENEFITS			40,674.70	49,838.40	
	Total Personal Svcs & Benefits			135,697.40	157,711.77	
	SUPPLIES					
425	Office Supplies			2,500.00	1,500.00	
	Operating Supplies					
	TOTAL SUPPLIES			2,500.00	1,500.00	
	OTHER SERVICES					
460	Professional Services			30,000.00	30,000.00	
440	Communication			3,000.00	1,500.00	
445	Transportation			3,000.00	4,000.00	
	Utilities					
475	Repairs and Maintenance			1,000.00	1,000.00	
	Equipment Lease					
645	Miscellaneous					
	TOTAL OTHER SERVICES			37,000.00	36,500.00	
650	CAPITAL OUTLAY					
	Machinery and Equipment			4,000.00	2,000.00	
	Other					
	TOTAL CAPITAL OUTLAY			0.00	0.00	
	TOTAL EXPENDITURES			175,197.40	195,711.77	

COUNTY TAX OFFICE

Budget responsibility: Co. Tax Assessor/Collector

Fund/	10				Adopted	Adopted	
Dept/	117				FY2013	FY2014	
Item	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
401	or Head of Department				42,013.76	43,274.17	
403	Deputies and Assistants				73,255.15	92,452.80	
406	Labor						
409	Overtime						
	TOTAL PERSONNEL SERVICES				115,268.91	135,726.97	
	BENEFITS						
	Social Security				8,818.07	10,383.11	
411	Group Medical Insurance				22,140.48	25,305.12	
412	Retirement				6,950.72	9,012.27	
	Workmen's Compensation					1,984.06	
	Unemployment Insurance					1,458.00	
	TOTAL BENEFITS				37,909.27	48,142.56	
	TOTAL PERS SVCS & BENE				153,178.17	183,869.54	
	SUPPLIES						
425	Office Supplies				10,000.00	6,000.00	
435	Operating Supplies						
	TOTAL SUPPLIES				10,000.00	6,000.00	
	OTHER SERVICES						
460	Professional Services				66,000.00	60,000.00	
440	Communication				6,000.00	4,000.00	
445	Transportation				4,000.00	4,000.00	
495	Utilities						
475	Repairs and Maintenance				1,000.00	1,000.00	
590	Equipment Lease						
645	Miscellaneous						
	TOTAL OTHER SERVICES				77,000.00	69,000.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other				3,000.00	2,000.00	
	TOTAL CAPITAL OUTLAY				3,000.00	2,000.00	
	TOTAL EXPENDITURES				243,178.17	260,869.54	

COUNTY COURTHOUSE

Budget responsibility: Facilities Manager

Fund/line					Adopted	Adopted	
item #					FY2013	FY2014	
10-119-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
	or Head of Department				49,500.00		
402	Deputies and Assistants				21,769.67	22,422.76	
406	Labor					12,000.00	
	TOTAL PERSONNEL SERVICES				71,269.67	34,422.76	
	BENEFITS						
410	Social Security				5,452.13	2,633.34	
411	Group Medical Insurance				11,070.24	6,326.28	
	Retirement				4,297.56	2,285.67	
	Workmen's Compensation					503.19	
	Unemployment Insurance					486.00	
	TOTAL BENEFITS				20,819.93	11,748.48	
	TOTAL PERSONNEL SVCS & BENEFITS				92,089.60	46,171.24	
	SUPPLIES						
430	Maint. Supplies				4,000.00	4,000.00	
435	Operating Supplies				6,000.00	6,000.00	
	TOTAL SUPPLIES				10,000.00	10,000.00	
	OTHER SERVICES						
431	Maintenance Contract				6,240.00	6,240.00	
	Communication						
	Transportation						
495	Utilities				30,000.00	20,000.00	
480	Repairs and Maintenance				8,000.00	28,000.00	
	Equipment Lease						
645	Miscellaneous				2,000.00	2,000.00	
	TOTAL OTHER SERVICES				46,240.00	56,240.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other				15,000.00	15,000.00	
	TOTAL CAPITAL OUTLAY				15,000.00	15,000.00	
	TOTAL EXPENDITURES				163,329.60	127,411.24	

COUNTY ANNEX

Budget responsibility: Facilities Manager

Fund/line item #				Adopted FY2013	Adopted FY2014	
10-121-						
	Expenditures					
	PERSONNEL SERVICES					
	(Salaries and Wages)					
	Elected or Appointed Official or Head of Department					
402	Deputies and Assistants			22,710.06	23,391.36	
406	Labor			7,540.00	7,766.20	
	TOTAL PERSONNEL SERVICES			30,250.06	31,157.56	
	BENEFITS					
410	Social Security			2,314.13	2,383.55	
411	Group Medical Insurance			5,535.12	6,326.28	
	Retirement			1,369.42	2,068.86	
	Workmen's Compensation				455.46	
	Unemployment Insurance				486.00	
	TOTAL BENEFITS			9,218.67	11,720.16	
	TOTAL PERSONNEL SVCS & BENEFITS			39,468.72	42,877.72	
	SUPPLIES					
430	Maint. Supplies			2,000.00	2,000.00	
435	Operating Supplies			4,000.00	4,000.00	
	TOTAL SUPPLIES			6,000.00	6,000.00	
	OTHER SERVICES					
431	Professional Services					
	Communication					
	Transportation					
495	Utilities			12,000.00	10,000.00	
474	Furniture & Fixtures			3,000.00	2,000.00	
590	Equipment Lease			3,000.00	3,000.00	
	Miscellaneous					
	TOTAL OTHER SERVICES			18,000.00	15,000.00	
650	CAPITAL OUTLAY					
	Machinery and Equipment					
	Other			5,000.00	4,000.00	
	TOTAL CAPITAL OUTLAY			5,000.00	4,000.00	
	TOTAL EXPENDITURES			68,468.72	67,877.72	

COUNTY SHERIFF

Budget responsibility: Co. Sheriff

Fund/line					
item #			Adopted	Adopted	
10-123			FY2013	FY2014	
	Expenditures				
	PERSONNEL SERVICES				
	(Salaries and Wages)				
	Elected or Appointed Official				
401	or Head of Department		46,995.75	48,405.62	
403	Deputies		181,666.95	250,631.84	
404	Assistant		23,566.40	24,273.39	
406	Dispatcher (4), Clerical (1)		115,850.28	119,325.79	
409	Overtime				
	TOTAL PERSONNEL SERVICES		368,079.38	442,636.64	
	BENEFITS				
410	Social Security		28,158.07	33,861.70	
	Group Medical Insurance		71,956.56	94,894.20	
412	Retirement		22,195.19	29,391.07	
	Workmen's Compensation			6,470.46	
	Unemployment Insurance			3,645.00	
	TOTAL BENEFITS		122,309.82	168,262.44	
	Total Pers Svcs and Benefits		490,389.20	610,899.08	
	SUPPLIES				
425	Office Supplies		3,000.00	2,500.00	
435	Operating Supplies		24,000.00	20,000.00	
436	Fuel		40,000.00	35,000.00	
	TOTAL SUPPLIES		67,000.00	57,500.00	
	OTHER SERVICES				
	Professional Services				
440	Communication		20,000.00	17,500.00	
445	Transportation		15,000.00	10,000.00	
495	Utilities		7,000.00	5,000.00	
475	Repairs and Maintenance		5,000.00	5,000.00	
	Equipment Lease		2,000.00	2,000.00	
640	Notes				
645	Miscellaneous			2,000.00	
	TOTAL OTHER SERVICES		49,000.00	41,500.00	
650	CAPITAL OUTLAY				
	Machinery and Equipment				
	Other		2,500.00	2,500.00	
	TOTAL CAPITAL OUTLAY		2,500.00	2,500.00	
	TOTAL EXPENDITURES		608,889.20	712,399.08	

COUNTY CONSTABLES

Budget responsibility: Co. Constables

Fund/line					Adopted	Adopted	
item #					FY2013	FY2014	
10-125-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
401	or Head of Department				17,608.82	18,137.08	
	Deputies and Assistants						
	Labor						
	TOTAL PERSONNEL SERVICES				17,608.82	18,137.08	
	BENEFITS						
410	Social Security				1,347.07	1,387.49	
411	Group Medical Insurance				11,070.24	6,326.28	
	Retirement				1,061.81	1,204.30	
	Workmen's Compensation					265.13	
	Unemployment Insurance					486.00	
	TOTAL BENEFITS				13,479.13	9,669.20	
	TOTAL PERSONNEL SVCS & BENEFITS				31,087.94	27,806.28	
	SUPPLIES						
	Office Supplies						
	Operating Supplies					1,500.00	
	TOTAL SUPPLIES						
	OTHER SERVICES						
	Professional Services						
	Communication						
	Transportation				3,000.00	3,000.00	
	Utilities						
	Repairs and Maintenance						
	Equipment Lease						
	Miscellaneous					1,500.00	
	TOTAL OTHER SERVICES				3,000.00	4,500.00	
	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other						
	TOTAL CAPITAL OUTLAY						
	TOTAL EXPENDITURES				34,087.94	32,306.28	

COUNTY AGENT

Budget responsibility: Co. Extension Agent

Fund/line item #				Adopted FY2013	Adopted FY2014	
10-127-						
	Expenditures					
	PERSONNEL SERVICES					
	(Salaries and Wages)					
	Elected or Appointed Official					
401	or Head of Department			11,702.79	12,053.87	
	Deputies and Assistants					
	Labor					
	TOTAL PERSONNEL SERVICES			11,702.79	12,053.87	
	BENEFITS					
410	FICA – Social Security & Medicare			1,432.42	1,475.39	
411	Group Medical Insurance					
	Retirement			705.68	800.38	
	Workmen's Compensation				176.20	
	Unemployment Insurance				243.00	
	Car Allowance			9,600.00	9,600.00	
	TOTAL BENEFITS			11,738.10	12,294.97	
	TOTAL PERSONNEL SVCS & BENEFITS			23,440.89	24,348.85	
	SUPPLIES					
425	Office Supplies			500.00	500.00	
	Operating Supplies			1,000.00	1,000.00	
	TOTAL SUPPLIES			1,500.00	1,500.00	
	OTHER SERVICES					
	Professional Services					
440	Communication			2,500.00	2,500.00	
	Cellphone allowance			360.00	360.00	
445	Transportation			3,050.00	3,050.00	
	Utilities					
	Repairs and Maintenance					
	Equipment Lease					
645	Miscellaneous			600.00	600.00	
	TOTAL OTHER SERVICES			6,510.00	6,510.00	
650	CAPITAL OUTLAY					
	Machinery and Equipment			1,000.00	1,000.00	
	Other					
	TOTAL CAPITAL OUTLAY			1,000.00	1,000.00	
	TOTAL EXPENDITURES			32,450.89	33,358.85	

EMERGENCY MANAGEMENT

Budget responsibility: Co. Judge

Fund/line item #					Adopted FY2013	Adopted FY2014	
10-128-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
402	or Head of Department						
	Deputies and Assistants (EMC/Co. Fire Ma				12,360.00	12,730.80	
	Labor (new County Health Authority)						
	TOTAL PERSONNEL SERVICES				12,360.00	12,730.80	
	BENEFITS						
410	Social Security				945.54	973.91	
411	Group Medical Insurance				5,535.12	6,326.28	
	Retirement				745.31	845.33	
	Workmen's Compensation					186.10	
	Unemployment Insurance					243.00	
	TOTAL BENEFITS				7,225.97	8,574.61	
	TOTAL PERSONNEL SVCS & BENEFITS				19,585.97	21,305.41	
	SUPPLIES						
425	Office Supplies				1,250.00	500.00	
435	Operating Supplies				2,000.00	2,000.00	
	TOTAL SUPPLIES				3,250.00	2,500.00	
	OTHER SERVICES						
	Professional Services						
440	Communication				500.00	500.00	
445	Transportation				2,000.00	1,000.00	
	Utilities						
	Repairs and Maintenance						
	Equipment Lease						
645	Miscellaneous				1,000.00	500.00	
	TOTAL OTHER SERVICES				3,500.00	2,000.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other				2,000.00	1,000.00	
	TOTAL CAPITAL OUTLAY						
	TOTAL EXPENDITURES				26,335.97	25,805.41	

Department of Public Safety (Highway Patrol)

Budget responsibility: DPS Sgt.

Fund/line					Adopted	Adopted	
item #					FY2013	FY2014	
10-129-							
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
	or Head of Department						
	Deputies and Assistants						
	Labor						
	TOTAL PERSONNEL SERVICES						
	BENEFITS						
	Social Security						
	Group Medical Insurance						
	Retirement						
	Workmen's Compensation						
	Unemployment Insurance						
	TOTAL BENEFITS						
	SUPPLIES						
425	Office Supplies				1,500.00	750.00	
435	Operating Supplies				700.00	700.00	
	TOTAL SUPPLIES				2,200.00	1,450.00	
	OTHER SERVICES						
	Professional Services						
440	Communication				4,000.00	3,000.00	
445	Transportation						
	Utilities						
430	Repairs and Maintenance						
	Equipment Lease						
	Miscellaneous						
	TOTAL OTHER SERVICES				4,000.00	3,000.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment						
	Other				4,000.00	2,000.00	
	TOTAL CAPITAL OUTLAY				4,000.00	2,000.00	
	TOTAL EXPENDITURES				10,200.00	6,450.00	

ROAD & BRIDGE - ALL PRECINCTS

Budget responsibility: Capital Projects Mgr.

Fund/line item #					Adopted FY2013	Adopted FY2014	
20-151-							
	Receipts						
	Auto Registration				383,897.72	383,897.72	
	Gross Weight Fees				9,394.44	9,394.44	
	State Lateral				85,000.00	90,000.00	
	Transfers				-	-	
	Total Receipts				478,292.16	483,292.16	
	Expenditures						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
401	or Head of Department				51,500.00	53,045.00	
	Deputies and Assistants				99,346.92	102,327.33	
406	Labor				58,561.68	60,318.53	
	TOTAL PERSONNEL SERVICES				209,408.60	215,690.86	
	BENEFITS						
	Social Security				16,019.76	16,500.35	
	Group Medical Insurance				38,745.84	44,283.96	
412	Retirement				12,627.34	14,321.87	
413	Workmen's Compensation					3,152.97	
	Unemployment Insurance					1,701.00	
420	Car Allowance				-	-	
	TOTAL BENEFITS				67,392.94	79,960.15	
	TOTAL PERSONNEL SVCS & BENEFITS				276,801.54	295,651.01	
	SUPPLIES						
425	Office Supplies				-	500.00	
435	Operating Supplies				85,562.00	85,000.00	
	TOTAL SUPPLIES				85,562.00	85,500.00	
	OTHER SERVICES						
	Professional Services				-	-	
495	Utilities				11,967.25	5,000.00	
	Communication				2,331.22	2,000.00	
445	Transportation				8,660.00	8,000.00	
	Fuel				-	-	
475	Equipment Maintenance				8,000.00	8,000.00	
640	Equipment Lease/Note				-	36,000.00	
540	Insurance				-	12,000.00	
645	Miscellaneous				16,000.00	10,000.00	
	TOTAL OTHER SERVICES				46,958.47	81,000.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment				48,000.00	7,500.00	
	Other				16,000.00	7,500.00	
	TOTAL CAPITAL OUTLAY				64,000.00	15,000.00	
	TOTAL EXPENDITURES				473,322.00	477,151.01	

CAPITAL PROJECTS

Budget responsibility: Capital Projects Mgr.

Fund/line					Adopted	Adopted	
item #					FY2013	FY2014	
28-151-							
	EXPENDITURES						
	PERSONNEL SERVICES						
	(Salaries and Wages)						
	Elected or Appointed Official						
401	or Head of Department						
	Deputies and Assistants						
406	Labor				41,543.33	42,789.63	
	TOTAL PERSONNEL SERVICES				41,543.33	42,789.63	
	BENEFITS						
	Social Security				3,178.07	3,273.41	
	Group Medical Insurance				16,605.36	18,978.84	
412	Retirement				2,505.06	2,841.23	
413	Workmen's Compensation				4,500.00	625.50	
	Unemployment Insurance				7,000.00	729.00	
420	Car Allowance						
	TOTAL BENEFITS				33,788.49	26,447.98	
	TOTAL PERSONNEL SVCS & BENEFITS				75,331.82	69,237.61	
	SUPPLIES						
425	Office Supplies				1,000.00	500.00	
435	Operating Supplies				5,000.00	5,000.00	
	TOTAL SUPPLIES				6,000.00	5,500.00	
	OTHER SERVICES						
	Professional Services						
495	Utilities				5,000.00	2,000.00	
	Communication				2,000.00	1,000.00	
445	Transportation				4,000.00	4,000.00	
	Fuel				8,000.00	7,500.00	
475	Equipment Maintenance				20,000.00	8,000.00	
640	Equipment Lease/Note					12,000.00	
540	Insurance				3,500.00	1,000.00	
645	Miscellaneous				5,000.00	5,000.00	
	TOTAL OTHER SERVICES				47,500.00	40,500.00	
650	CAPITAL OUTLAY						
	Machinery and Equipment				25,000.00	7,500.00	
	Other				25,000.00	7,500.00	
	TOTAL CAPITAL OUTLAY				50,000.00	15,000.00	
	TOTAL EXPENDITURES				178,831.82	130,237.61	

Parks North (Includes Vizcaino Park)

Budget responsibility: Facilities Manager

Fund/line item #				Adopted FY2013	Adopted FY2014	
25-100-	REVENUES					
	City of Marfa Golf Course Contract			20,000.00		
	Programs Revenue			10,000.00	35,000.00	
300	Miscellaneous			-	-	
	TOTAL REVENUES			30,000.00	35,000.00	
25-150-	EXPENSES					
	PERSONNEL SERVICES					
	Elected or Appointed Official					
401	or Head of Department					
	Deputies and Assistants			52,594.26	54,172.08	
406	Labor					
	TOTAL PERSONNEL SERVICES			52,594.26	54,172.08	
	BENEFITS					
	Social Security			4,023.46	4,144.16	
	Group Medical Insurance			11,070.24	12,652.56	
412	Retirement			3,171.43	3,597.03	
413	Workmen's Compensation				791.89	
	Unemployment Insurance				486.00	
420	Car Allowance					
	TOTAL BENEFITS			18,265.13	21,671.64	
	TOTAL PERSONNEL SVCS & BENEFITS			70,859.39	75,843.72	
	SUPPLIES					
425	Office Supplies					
435	Operating Supplies			1,500.00	4,500.00	
	TOTAL SUPPLIES			1,500.00	4,500.00	
	OTHER SERVICES					
	Professional Services			5,000.00	17,000.00	
495	Utilities			20,000.00	20,000.00	
	Communication					
445	Transportation					
	Fuel			2,000.00	3,000.00	
475	Equipment Maintenance			2,000.00	2,000.00	
480	Repairs and Maintenance			5,000.00	5,000.00	
640	Equipment Lease/Note					
540	Insurance					
645	Miscellaneous			5,000.00	5,000.00	
	TOTAL OTHER SERVICES			39,000.00	52,000.00	
650	CAPITAL OUTLAY					
	Machinery and Equipment				8,000.00	
	Other				2,000.00	
	TOTAL CAPITAL OUTLAY			-	10,000.00	
	TOTAL EXPENSES			111,359.39	142,343.72	
NET REVENUES				(81,359.39)	(107,343.72)	

Park South (Includes Redford School)

Budget responsibility: Facilities Manager

				Adopted	Adopted	
				FY2013	FY2014	
26-100-	REVENUES					
300	Miscellaneous			-	-	
400	Transfers			-	-	
	TOTAL REVENUES			-	-	
26-156-	EXPENSES					
400	Transfers					
435	Operating Supplies			1,000.00	1,000.00	
480	Repairs and Maint			2,000.00	10,000.00	
495	Utilities			1,800.00	1,200.00	
645	Miscellaneous			1,000.00	3,000.00	
650	Capital					
	TOTAL EXPENSES			5,800.00	15,200.00	
	NET REVENUES			(5,800.00)	(15,200.00)	

Jail Budget - ENTERPRISE FUND

Budget responsibility: Jail Administrator/Co. Sheriff

FUND	Projected Revenues		Adopted	Adopted	
30-100-			FY2013	FY2014	
125	DETENTION				
127	Federal Per Diem		1,583,373.29	1,583,373.29	
129	Federal Other Reimbursements		45,000.00	45,000.00	
131	ICE				
133	JDSO & Other		31,645.50	31,645.50	
135					
	DETENTION TOTAL		1,660,018.79	1,660,018.79	
165	Coin Station Commissions				
290	Interest				
300	Miscellaneous				
399	Transfers (to)/from other funds				
	Total Revenues		1,660,018.79	1,660,018.79	
	Expenditures				
30-160-					
	Wages & Salaries				
401	Administrator		54,075.00	54,075.00	
402	Assistant Administrator		-	-	
	Senior Correctional Officers		118,853.28	122,418.88	
403	Administrative Secretary/Asst		-	-	
404	Correctional Officers		404,323.92	416,453.64	
405	Dispatchers		-	-	
407	Bookkeeper/Records Mgt.				
	Food Service Supervisor		23,630.88	24,339.81	
408	Food Service Workers		47,261.76	48,679.61	
	Plant Mgr/Maintenance		30,430.40	30,430.40	
	Nurse/Physician's Asst				
	Holiday Pay				
	Sick Pay				
409	Overtime				
	Total Wages & Salaries		678,575.24	696,397.34	
	Benefits & Taxes				
410	FICA		51,911.01	53,274.40	
411	Insurance		98,880.00	120,199.32	
412	Retirement		48,508.00	46,240.78	
413	Workers Comp		3,134.23	10,179.94	
414	Unemployment Tax		5,981.80	4,617.00	
	FUTA				
	State				
	Other Personnel Costs				
	Training Costs		10,000.00	10,000.00	
	Medical Consulting		45,000.00	30,000.00	
	Legal/Nutricionist/Dietician		7,200.00	7,200.00	
	Total Benefits, Taxes, Other		270,615.03	281,711.44	
	Total Personnel & Benefits		949,190.27	978,108.77	

Jail Budget (continued)				
	Operating Expenses			
	Communications	2,000.00	2,000.00	
	Office Supplies	15,000.00	5,000.00	
435	Operating Supplies	40,000.00	30,000.00	
	Safety & Sanitation	10,000.00	10,000.00	
445	Transportation/Vehicle Operations	45,000.00	45,000.00	
	Uniforms	9,500.00	9,500.00	
	Inmates			
480	Repairs/Maintenance Supplies	34,000.00	20,000.00	
	Waste Disp, incl Medical Waste	1,200.00	1,200.00	
485	Prisoner Board	155,000.00	125,000.00	
490	Prisoner Medical	20,000.00	30,000.00	
495	Utilities	65,000.00	50,000.00	
540	Insurance	58,000.00		
585	Rentals	9,300.00	12,000.00	
640	CO Principal Payment (I&S Fund Series 2002)	0.00	-	
641	CO Interest Payment (I&S Fund Series 2002)	0.00	-	
645	Miscellaneous			
	Background chks, training, advert			
	Indirect Costs			
650	Capital Outlay		15,000.00	
	Total Operating Expenses	464,000.00	354,700.00	
	Total Expenditures	1,413,190.27	1,332,808.77	
	Net Revenues	246,828.51	327,210.01	

Airports Budget - ENTERPRISE FUND

Budget responsibility: Airports Manager

				Adopted FY2013	Adopted FY2014	
50-100-	Receipts					
	130	Aviation Fuel Sales - Marfa		20,000.00	384,000.00	
	131	Aviation Fuel Sales - Presidio			72,600.00	
	135	Rentals		47,500.00	60,000.00	
	170	State				
	290	Interest				
	295	Long-term Debt Service				
		TxDOT Aviation Grants		70,000.00	444,000.00	
	398	Transfers (to)/from other Funds				
		Other Capital Sources			159,388.29	
		Total Receipts		137,500.00	1,119,988.29	
		Beginning Cash Balance			17,336.67	
		Total Resources Available		137,500.00	1,137,324.96	

	Expenditures					
	PERSONNEL SERVICES					
		Elected or Appointed Official				
	401	or Head of Department		48,000.00	49,440.00	
		Deputies and Assistants		22,880.00		
	406	Labor				
		TOTAL PERSONNEL SERVICES		70,880.00	49,440.00	
	BENEFITS					
		Social Security		5,422.32	3,782.16	
		Group Medical Insurance		11,070.24	-	
	412	Retirement		4,274.06	3,282.82	
	413	Workmen's Compensation			722.71	
		Unemployment Insurance			243.00	
	420	Car Allowance				
		TOTAL BENEFITS		20,766.62	8,030.69	
		TOTAL PERSONNEL SVCS & BENEFITS		91,646.62	57,470.69	
	OPERATING EXPENSES					
	430	Maintenance Supplies		1,000.00	1,000.00	
	435	Operating Supplies		1,000.00	1,000.00	
	445	Transportation		2,000.00	5,000.00	
	440	Communications		1,350.00	3,000.00	
	446	DCOP Payment			8,333.33	
	450	Aviation Fuel Costs - Marfa			320,000.00	
	451	Aviation Fuel Costs - Presidio			60,500.00	
	460	Professional Services		10,000.00	10,000.00	
		FBO Contract			47,000.00	
	480	Maintenance & Repairs - Marfa		10,000.00	45,000.00	
	481	Maintenance & Repairs - Presidio		2,500.00	15,000.00	
	482	Runway Repairs - Marfa		15,000.00		
	495	Utilities - Marfa		10,000.00	10,000.00	
	496	Utilities - Presidio		3,500.00	4,000.00	
	540	Insurance		3,930.00	5,000.00	
	585	Miscellaneous		2,000.00	2,000.00	
		TOTAL OPERATING EXPENSES		61,280.00	536,833.33	
	650	CAPITAL OUTLAY				
		Machinery and Equipment		2,500.00	12,000.00	
		Other (CIP)		2,500.00	460,000.00	
		TOTAL CAPITAL OUTLAY		5,000.00	472,000.00	
		TOTAL EXPENDITURES		157,926.62	1,066,304.02	
		NET REVENUES		(20,426.62)	53,684.27	

Interest And Sinking Fund

Budget responsibility: Co. Treasurer

Fund 70		Funded by tax revenues. Dedicated to debt service.							
								Adopted	Adopted
								FY2013	FY2014
70-100-	70-100-		Receipts						
		100	I&S Ad Valorem Taxes					259,029.64	261,717.94
		290	Interest					100.00	100.00
		399	Transfers						
			Beginning Cash Balance					273,716.12	293,463.90
			Total Resources Available					532,845.76	555,281.85
70-170-	70-170-		Expenditures						
		567	Principal - All Issues					433,000.00	452,000.00
		641	Interest - All Issues					59,949.50	52,428.50
			Total Principal, Interest					492,949.50	504,428.50
		645	Paying Agent/Registrar Fees					1,500.00	1,500.00
			Other					500.00	500.00
			Total Principal, Interest, Fees					494,949.50	506,428.50
			EXCESS (DEFICIT)					37,896.26	48,853.35

DEBT SERVICE						Fees	Total Req'd
						PA/R	
ISSUE	PRIN	INT	DUE	TOTAL	FY		
SERIES					TOTAL		
2012	221,000	19,171	12/15/2013	240,170.50			
		16,629	6/15/2014	16,629.00	256,799.50		
	231,000	16,629	12/15/2014	247,629.00	247,629.00		
						2,000.00	
	452,000	52,429		504,428.50	504,428.50	2,000.00	506,428.50

ESTIMATED GENERAL FUND REVENUES

		Adopted	Adopted
TAXES		FY2013	FY2014
	Property Levy	1,956,354.65	2,340,510.32
	Delinquent Taxes	50,000.00	50,000.00
	Penalty and Interest	30,000.00	30,000.00
TOTAL TAX RECEIPTS		2,036,354.65	2,420,510.32
LICENSES AND PERMITS			
	Mixed Beverage Tax	5,000.00	5,000.00
TOTAL LICENSES AND PERMITS		5,000.00	5,000.00
INTERGOVERNMENTAL RECEIPTS			
	SWBPI		
	Indigent Defense - grant reimb.	-	-
	State Grants - Judge	15,000.00	15,000.00
	State Grants - Attorney	20,833.00	23,333.00
	Marfa ISD Tax Contract	26,000.00	26,000.00
	Marfa City Tax Contract	18,000.00	18,000.00
	Presidio Tax Contract	21,900.00	21,900.00
	PISD Tax Contract	26,800.00	26,800.00
	Hospital District Tax Contract	14,300.00	14,300.00
	Dispatching Contract	38,232.00	38,232.00
	MISD Security Contract		32,000.00
	Marfa City Law Enf Contract	96,177.34	118,177.34
TOTAL INTERGOVERNMENTAL		277,242.34	333,742.34
CHARGES FOR SERVICES			
	County Judge	100.00	100.00
	County Sheriff	6,038.00	6,038.00
	County Attorney	1,000.00	1,000.00
	County Clerk	20,000.00	20,000.00
	Tax Assessor-Collector	55,000.00	55,000.00
	District Clerk	15,000.00	15,000.00
TOTAL CHARGES FOR SERVICES		97,138.00	97,138.00
FEES AND FINES			
	J.P. Fines	163,561.00	163,561.00
	County Court Fines	7,428.00	7,428.00
	District Court Fines	5,743.00	5,743.00
	State Court Costs	112,534.51	112,534.51
	State Civil Fees	3,169.84	3,169.84
	Local Court Costs and Fees	27,770.61	27,770.61
	Forfeitures	5,000.00	5,000.00
TOTAL FEES AND FINES		325,206.96	325,206.96
MISCELLANEOUS REVENUE			
	Interest Earnings	1,000.00	1,000.00
	Coin Station Commisions	-	-
	Reimbursements	21,729.38	21,729.38
	Force Acct Gross Revenues	566,669.72	141,667.43
	Net of Enterprise Funds	202,393.47	380,894.28
	Misc & Other Revenues		
TOTAL MISCELLANEOUS REVENUE		791,792.57	545,291.09
Total Non-Ad Valorem Tax Revenues		1,496,379.87	1,306,378.39
TOTAL TAX RECEIPTS		2,036,354.65	2,420,510.32
TOTAL RECEIPTS		3,532,734.52	3,726,888.71
TRANSFERS FROM (TO) OTHER FUNDS		-	-
		3,532,734.52	3,726,888.71
TOTAL RESOURCES AVAILABLE		3,532,734.52	3,726,888.71
Less I&S Ad Valorem Tax		259,029.64	261,717.94
M&O Funds Available		3,273,704.88	3,465,170.77

PRESIDIO COUNTY CONSOLIDATED BUDGET: FY 2014

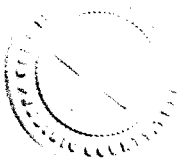
			Adopted		Elected
FUND	DEPT		FY2013	FY2014	Offic. Salary
		MAINTENANCE & OPERATIONS (M&O)			Adopted
10	101	COUNTY JUDGE (incl \$15,000 state supp)	119,646.36	122,010.30	52,692.09
10	103	CO. & DISTRICT CLERK	224,086.47	229,694.90	38,602.77
10	105	COUNTY V A OFFICER	15,121.92	15,343.95	
10	107	NON DEPARTMENTAL	792,611.22	841,958.86	
10	108	COUNTY JP - PRESIDIO	90,948.08	95,678.96	31,531.65
10	109	COUNTY JP - MARFA	95,892.08	101,573.42	31,531.65
10	110	COUNTY ATTORNEY (incl \$18,000 state supp)	113,057.97	118,733.74	52,692.09
10	111	DISTRICT COURT	70,444.75	72,576.02	
10	113	DISTRICT ATTORNEY	40,000.00	41,200.00	
10	115	COUNTY TREASURER	106,119.97	111,043.67	42,346.45
10	116	OFFICE OF MGMT. & BDGT. (w/ Cnty.Commissioners)	175,197.40	195,711.77	71,647.92
10	117	COUNTY TAX OFFICE	243,178.17	260,869.54	43,274.17
10	119/121	FACILITIES MAINTENANCE (from Crthse & Annex)	231,798.32	195,288.96	
10	123	COUNTY SHERIFF	608,889.20	712,399.08	48,405.62
10	125	COUNTY CONSTABLES	34,087.94	32,306.28	18,137.08
10	127	COUNTY AGENT	32,450.89	33,358.85	
10	128	EMERGENCY MANAGEMENT	26,335.97	25,805.41	
10	129	TxDPS (HIGHWAY PATROL)	10,200.00	6,450.00	
25		PARKS	87,159.39	122,543.72	
28		CAPITAL PROJECTS	178,831.82	130,237.61	
		Total M&O	3,296,057.92	3,464,785.03	
		Jail, Airports, and R&B Pcts funded by non-tax revenues, and are not included in total M&O budget. Shown here for public information.			
30		JAIL - Enterprise Fund	1,413,190.27	1,332,808.77	
50		AIRPORTS - Enterprise Fund	157,926.62	1,066,304.02	
20		Road & Bridge - All Precincts	473,322.00	477,151.01	
		PROJECTED REVENUES @ Total Rate of:	0.64220	0.64809	
		TAX REVENUES	2,036,354.65	2,420,510.32	
		LESS DEBT SERVICE & FEES	259,029.64	261,717.94	
		TAX REVENUES AFTER DEBT SVC	1,777,325.01	2,158,792.38	
		NON-TAX REVENUES	1,520,388.29	1,306,378.39	
10		Total Projected Revenues available for M&O	3,297,713.30	3,465,170.77	
		M&O TAX REVS NEEDED	1,775,669.63	2,158,406.63	
		TOTAL TAX RATE	0.64220	0.64809	
		TOTAL ROLLBACK RATE LIMIT	0.65913	0.64809	
		M&O PORTION OF TOTAL RATE	0.55717	0.57562	
		M&O ROLLBACK LIMIT	0.57410	0.57562	
		I&S Portion of Total Rate	0.08503	0.07247	

Approved AMENDMENTS TO THE PROPOSED FY2014 BUDGET

9/24/2013

	Debits	Credits	
REVENUES			
Net of Proposed Budget		13,860.07	
MISD Security Contract	5,530.00 • correction		
	<u>5,530.00</u>	<u>13,860.07</u>	
EXPENSES			
County Treasurer: Group Medical Insurance		6,326.28 • correction	
County Treasurer: Unemployment Insurance		243.00 • correction	
JP1: Labor	2,970.52 • correction		
JP1: Social Security	227.24 • correction		
JP1: Retirement	197.24 • correction		
JP1: Workmen's Compensation	43.42 • correction		
	<u>3,438.43</u>	<u>6,569.28</u>	
		Corrected Net:	<u>11,460.92</u>
Non-dept			
Phone: Probation		1,000.00	
Notices		1,000.00	
Professional Services		1,000.00	
Utilities		1,000.00	
County Car		1,000.00	
Pauper Burials		2,500.00	
Miscellaneous		5,000.00	
		<u>12,500.00</u>	
			<u>12,500.00</u>
OMB -> CCO			
Assistants	10,000.00		
Social Security	765.00		
Group Medical Insurance	-		
Retirement	664.00		
Workmen's Compensation	146.18		
Unemployment Insurance	-		
	<u>11,575.18</u>		
			<u>(11,575.18)</u>
Road & Bridge			
Equip Lease	12,000.00		
	<u>12,000.00</u>		
			<u>(12,000.00)</u>
			<u></u>
		Net of Approved Budget:	\$ 385.74

PAUL HUNT
PRESIDIO COUNTY
JUDGE



300 N. Highland
P.O. Box 606
Marfa, TX 79843
432 729-4452 tel.
432 729-4453 fax
presidiocounty@att.net

September 24, 2012

Norma Arroyo
Presidio County Tax Assessor Collector
Marfa, TX 79925

Subject: Presidio County FY2014 Tax Rates

Today the Presidio County Commissioners Court took action to adopt the following tax rates for Fiscal Year 2014:

Maintenance & Operation	\$0.57562 per \$100 valuation
Interest & Sinking	\$0.07247 per \$100 valuation

TOTAL	\$0.64809 per \$100 valuation

Sincerely,


Paul Hunt
eljuez@att.net

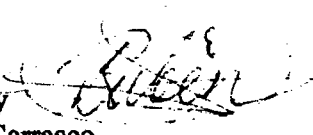
Monday 23 September 2013

**PRESIDIO COUNTY, TEXAS
Commissioners Court in Presidio, Texas at Annex Building**

Capital Projects and Roads Department - Report of Activities

- 1) **TxDOT Paving Project Grant BCAP 248 BCF 5006.** City of Presidio fixed the Asphalt Distributor and is ready to continue with the two-course surface treatment applications on the remaining of streets. They plan to start this week with the applications. The Grant Administrator and the two Engineering firms working on the project have been notified.
 - a) **Colonia Presidio Central East** – Work is finished.
 - b) **Colonia Pueblo Nuevo** – City forces will continue in this area after finishing with streets on the Colonia Presidio NW.
 - c) **Colonia Presidio NW** – City forces resumed work on this area by touching up the base surface prior to the two course surface applications.
- 2) **Redford Drainage Improvements Project** – County forces started with the sand traps and concrete erosion mitigation structures; the concrete is being mixed at the job site using local aggregates and using the recently acquired portable concrete mixer. In addition, the county forces continue with the clearing of the canal flow line with heavy equipment instead of doing it by hand and grading the access roads along the entire canal. We expect to finish with the project this week.
- 3) **County Roads** – Visual observation of the county roads at the five areas showed minor damages to roads. The improvements made in previous months helped to maintain the roads in good shape. The Department performed as follows:
 - a) **Area 1= Marfa**; Basic grading to Antelope Hills Road and Golf Course Roads. A request from Eva Gonzalez to grade her road on East Heights Addition is pending verification of dedication as County Road. I will contact Mrs. Gonzalez after checking of the records.
 - b) **Area 2=Presidio**; Basic grading done to County Roads in the Colonia Pueblo Nuevo and in the Community of Redford. The Bofecillos Road was graded where crossed by Las Jaras Creek.
 - c) **Area 3=Casa Piedra**; Graded on the County Road crossing the San Jacinto Creek at two locations and in small sections of the road going to Alazana Ranch.
 - d) **Area 4=Ruidosa**; Basic grading with improvements have been provided in few sections of Pinto Canyon Road and Hot Springs Road Loop paying special attention to the areas where the roads crosses arroyos.
 - e) **Area 5=Chispa Road**. Continuous road improvements are being done in this area. The road has been reworked to maintain a continuous cleared road along its entire length.
- 4) **Drainage Areas** –Drainage work improved at all five different areas and will continue as planned.
- 5) **Parks** – The work in Area 1 (Marfa) is being performed under direct supervision of Commissioner Mr. Frank “Buddy” Knight.
- 6) **Buildings** – The Existing County Yard inside the City of Presidio received weekly and periodic cleaning as required. The New County Yard site is being maintained cleaned and the road to access the Fm 170 is being widened.

- 7) **OSSF County Program** – Administration of the program continued normal. Everything okay and finished with administrative work.
- 8) **Training and Workshops.** We have not heard from Mr. Salvador Mercado, PE with TEEX Instructor, for assistance on the hands on wheels equipment training for this month. Received no response on this month and plan to continue asking for his free assistance.
- 9) **Office** – We have not received shirts for Ysidro Garcia with his names on them and expect to receive them this week. Work steel toe boots will be ordered next month.
- 10) **Other** –
 - a) Met with TxDOT supervisor Ben Benavidez regarding surplus materials available to county. He said contacted us to inform that they have, in his inventory, wood posts and steel guard rails for the county to ask for them. A letter asking for these materials have been prepared and needs signature of County Judge and/or Commissioner. County can continue getting from the surplus area the steel posts and reflectors as okayed
 - b) City of Presidio Code Enforcement Officer wants the County to clean a property in Dupuy's Addition No. 2. Tax records shows is owned by County. Recommend that title search be performed prior to clean the property in Dupuy's Addition No. 2.

Prepared by  23 Sep 2013
Rubén V. Carrasco
Capital Projects and Roads and Bridges Manager

**AIRPORTS ACTIVITY REPORT
SEPTEMBER 24, 2013**

FISCAL YEAR 2013 ACHIEVEMENTS

Summary:

- Improved liaison and participation with local, state and federal airport development partners
- Aviation fuel sales net revenues increased by more than \$60,000 per annum
- Collected unanticipated airport land lease revenues totaling more than \$32,000
- Airport general liability insurance premiums decreased by 25% with improved coverage
- Acquired more than \$240,000 in airport property assets at significantly discounted cost
- Routine airport maintenance cost burden on Presidio County taxpayers reduced to near zero
- Improved infrastructure maintenance and compliance with standards and grant obligations
- Estimated 500% activity increase at Presidio Airport compared to FY2012 and prior years

Specific Improvements:

- Aviation fuel made available at Presidio Airport through partnership with the Development Corporation of Presidio
- Visitor courtesy vehicles placed in service at both airports through partnership with Presidio County Sheriff's Office and private contributors.
- Airport shuttle placed in service at Marfa Airport through partnership with City of Marfa
- Presidio Airport hangar and pilot's lounge acquired and renovated through partnership with the Presidio Municipal Development District (PMDD)
- Jet refueler truck placed in service at Marfa Airport to support refueling of larger aircraft
- Renovated Marfa Airport terminal building
- Installed Automated Weather Observation System (AWOS) and datalink service at Presidio Airport
- Installed on-site sewage facility at Presidio Airport
- Supported life-saving emergency medical evacuations, currently estimated at 200 per year
- Installed Emergency Medical Service (EMS) electrical power pedestal at Presidio Airport to reduce ground ambulance operating costs while waiting for air ambulance
- Produced Life-saving inclement weather and night approach and departure procedures for Presidio Airport; scheduled for publication before the end of this year
- Presidio County Aviation Advocacy Group (AAG) created to support emergency services and economic development priorities through volunteerism, education and outreach
- Received programming approval for 90% funding of Capital Improvement Projects at both airports through partnership with TxDOT Aviation Division. These projects will result in airport property value increases of more than \$4M during fiscal years 2014 and 2015 with 10% local match
- Received programming approval for 100% funding for hangar construction at the Presidio Airport through partnership with TxDOT Aviation Division and private investors. Tenant-occupied (i.e. revenue producing) facilities will result in airport property value increases up to \$600,000 during FY2014, and significant additional airport revenue - all at zero cost to Presidio County

AIRPORT PROJECTS CURRENT STATUS:

Completed

Terminal building renovation KMRF – 100%
Welcome center and hangar KPRS – 100%
Septic system KPRS – 100%

Capital Improvement Projects:

TXDOT engineer site visit scheduled for Monday, September 23

Rebuild runway 13-31 KMRF
Rehabilitate parallel taxiway and apron KMRF
Expand parking apron KMRF
Replace runway lights 13-31 KMRF
Rehabilitate all paved surfaces KPRS
New construction County-owned lease hangar for private tenant KPRS
New construction County-owned lease facility for emergency services KPRS

FAA Project:

Instrument approach procedure and PLASI flight inspection KPRS – 75%
Revised publication date December 12, 2013

FUEL SALES:

MARFA AIRPORT

August – 4,325 gallons; \$29,349.26
July – 4,705 gallons; \$24,373.62
June – 3,687 gallons; \$19,057.63
May – 2,494 gallons; \$13,404.94
April – 6,274 gallons; \$33,591.30

PRESIDIO AIRPORT

August – 1,273 gallons; \$6,447.37
July – 531 gallons; \$2,730.46
June – 1,710 gallons; \$8,619.16
May – 610 gallons; \$3,161.64
April – 1,501 gallons; \$7,761.63

AVIATION ADVOCACY GROUP

First meeting held Thursday, August 29 at KMRF. Five attended in person. Eight others have requested to participate by email, telephone, SMS, or personal contact:

- Luke and Derek Meader - Requested to maintain runway 9-27 (dirt/grass runway); volunteer to operate county road grader pending approval of appropriate authority
- Burt Compton - Tribute to Presidio County Aviation Hall of Fame inductees one wall of KMRF terminal and another wall tribute to soaring in the Big Bend
- Antonio Rodriguez - Furnishings and appointments KPRS pilot's lounge
- Debbie Snodgrass - Routine maintenance KPRS (mowing, trimming, herbicide, janitorial etc)
- Johnny Wofford - Liaison to acquire courtesy car for use by Jeff Davis County patrons
- Roger Amis - History of aviation in the Big Bend display
- Dan Dunlap - Acquiring contact information for Dyess AFB – Military Liaison to attract C-130 training flights to KMRF

09/21/2013--FUND/DEPARTMENT/VENDOR INVOICE LISTING --- 0010 GENERAL FUND
 TIME:07:25 PM

CYCLE: ALL PAGE 1
 PREPARER:0011

DEPARTMENT	NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0101-COUNTY JUDGE					
	CITY TELE COIN COMPANY	82740	A	PRISONER CALLING CARDS	1,800.00
	NECTAR COMPUTERS	82782	A	50 GB MONTHLY DATA BACKUP	30.00
	DEPARTMENT TOTAL				1,830.00
0103-CO & DIST CLERK					
	BEAR GRAPHICS INC	82735	A	G.JURY MINUTES/DELINQUENT TAX	218.10
	MARFA NATIONAL BANK	82751	A	SAFE DEPOSIT BOX RENT#00308	40.00
	NECTAR COMPUTERS	82754	A	INSTALL NEW SOFTWARE/ DIST CLERK	70.00
	DEPARTMENT TOTAL				328.10
0107-NON DEPARTMENTAL					
	ACRES WEST FUNERAL CHAPEL	82704	A	CRUZ HERNANDEZ PALMA	817.25
	ALLYSON SANTUCCI	82705	A	IN THE MATTER OF STEVEN RAMOS	93.51
	ANTONIO RODRIGUEZ	82728	A	CAUSE#5508 R.M. RODRIQUEZ	325.00
	ANTONIO RODRIGUEZ	82729	A	CAUSE#5660 DENISE G. VALLES	325.00
	ANTONIO RODRIGUEZ	82730	A	CAUSE#5890 AARON J. DERDEYN	325.00
	ANTONIO RODRIGUEZ	82731	A	CAUSE#5909 JOSE LUIS LUJAN	325.00
	BART E MEDLEY	82732	A	C. MURRY-#3201 (394TH)	971.08
	BART E MEDLEY	82733	A	LISANDRA AGUIRRE CAUSE#3206	281.57
	BART E MEDLEY	82734	A	D.L. SATTERFIEL UNINDICTED CASE	863.60
	CITY OF PRESIDIO	82747	A	07/08/09 FIRE DEPT CONTRIBUTION	3,124.98
	CITY OF PRESIDIO	82748	A	07/08/09/2013 EMS CONTRIBUTION	14,062.50
	IDA SOTELLO	82742	A	CIVIL/FAMILY	92.50
	NECTAR COMPUTERS	82755	A	ON SITE SERVICE TO CONNECT U/VERSE	179.00
	NECTAR COMPUTERS	82756	A	INSTALL NEW ACCESS POINTS	323.98
	THE BIG BEND SENTINEL	82736	A	AUGUST 2013 NOTICES	1,241.00
	THE INTERNATIONAL	82743	A	AUGUST 2013 NOTICES	232.00
	DEPARTMENT TOTAL				23,582.97
0108-COUNTY JP - PRESIDIO					
	MATTHEW BENDER & CO.,INC	82749	A	TX CRIM&TRAF LAW 13-14 SC W/EBOOK	66.89
	DEPARTMENT TOTAL				66.89
0109-COUNTY JP - MARFA					
	NECTAR COMPUTERS	82752	A	INSTALL & NETWORK NEW DELL COMPUTER	1,587.45
	NECTAR COMPUTERS	82753	A	25 GB MONTHLY DATA BACKUP	59.99
	NECTAR COMPUTERS	82783	A	50 GB MONTHLY DATA BACKUP	30.00
	DEPARTMENT TOTAL				1,677.44
0110-COUNTY ATTORNEY					
	LEXIS NEXIS	82750	A	ACCT#162PKV	163.00
	NECTAR COMPUTERS	82785	A	GENERAL COMPUTER REPAIR&SUPPORT	70.00
	DEPARTMENT TOTAL				233.00
0115-COUNTY TREASURER					
	JOHN'S COMPUTERS	82744	A	TEST CLEAN PREPARE LAPTOP	206.25
	NECTAR COMPUTERS	82784	A	50 GB MONTHLY DATA BACKUP	30.00
	DEPARTMENT TOTAL				236.25
0119-COUNTY COURTHOUSE					
	FRONTIER REFRIGERATION	82741	A	LABOR/PARTS REPAIR IN COURTHOUSE	433.16
	LAUN-DRY SUPPLY COMPANY, INC.	82745	A	ACCT#0367140 CHERRY DEODORANT	57.18
	ROBERT E. SILVA	82786	A	REPAIRS ON SPRINKER SYSTEM	749.46
	UNIFIRST HOLDINGS,L.P.	82788	A	CONTRACT#202404	42.50
	UNIFIRST HOLDINGS,L.P.	82789	A	CONTRACT#202404	42.50
	WILLIE ARANA	82792	A	PEST MANAGEMENT	80.00
	DEPARTMENT TOTAL				1,404.80

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
CITY OF PRESIDIO	82737	A	ACCT#49714.00	338.60
CITY OF PRESIDIO	82738	A	ACCT#22300.00	156.60
CITY OF PRESIDIO	82739	A	ACCT#14915.00	371.00
LAUN-DRY SUPPLY COMPANY, INC.	82746	A	ACCT#0367140 PLATES/SPOONS	76.66
DEPARTMENT TOTAL				942.86
0123-COUNTY SHERIFF				
J.S.LIVINGSTON CO.	82793	A	BOW SAW	12.00
MARFA MOTOR PARTS INC.	82794	A	STATEMENT 8/31/2013	28.24
MARKO CONTRACTING & MAINTENANCE LLC	82812	A	4 TIRES FOR SHERIFF'S RV	350.00
MORRISON TRUE VALUE HARDWARE	82796	A	RUGER MAGAZINE (SHELLS)	188.97
QUILL CORPORATION	82797	A	ACCT#C5340253 TONER 2@178	356.20
QUILL CORPORATION	82798	A	ACCT#C5340253 TONER 2@178	199.98
QUILL CORPORATION	82799	A	DELL SERIES 31ALL COLORS/HP92/HP93	335.87
QUILL CORPORATION	82800	A	C5340253/ HP 93 TWINPAK	42.29
XEROX CORPORATION	82604	A	CUST#719772238	142.66
DEPARTMENT TOTAL				1,656.21
FUND TOTAL				31,958.52

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0120-ROAD & BRIDGE EXPENDITURE				
MARFA MOTOR PARTS	82700	A	STATEMENT 8-31-2013	284.10
TOM'S TEXACO	82787	A	STATEMENT FOR GAS PO#82 AND #106	144.02
UNIFIRST HOLDINGS, L.P.	82791	A	CONTRACT #718525	831.56
VAN HORN AUTO SUPPLY	82701	A	STATEMENT 8-31-2013	297.30
DEPARTMENT TOTAL				1,556.98
FUND TOTAL				1,556.98

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0150-VIZCAINO PARK NORTH EXPENDITURE				
MARFA HARDWARE COMPANY	82703	A	PURLIN/SQ TUBING/ORANGE TAPE	193.32
MARFA MOTORS PARTS	82697	A	INV# 393405	19.35
UNIFIRST HOLDINGS,L.P.	82790	A	CONTRACT#202404	29.23
DEPARTMENT TOTAL				241.90
FUND TOTAL				241.90

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0128-CAPITAL PROJECTS MANAGER EXPENSES				
HOWARD'S PETROLEUM CO.	82702	A	FUEL-STORAGE TANK	3,230.93
YELLOWHOUSE MACHINERY CO.	82696	A	AUGUST STATEMENT	213.59
DEPARTMENT TOTAL				3,444.52
FUND TOTAL				3,444.52

DEPARTMENT					
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE		AMOUNT
0133-TECHNOLOGY FUND EXPENDITURES					
NECTAR COMPUTERS	82781	A	25GB BACK UP JP#2 08/01		59.99
DEPARTMENT TOTAL					59.99
FUND TOTAL					59.99

09/21/2013--FUND/DEPARTMENT/VENDOR INVOICE LISTING --- 0038 ABANDONED VEHICLE FUND CYCLE: ALL PAGE 7
TIME:07:25 PM PREPARER:0011

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0138-ABANDONED VEHICLE FUND EXPENDITURES				
POSITIVE PROMOTIONS, INC.	82795	A	CUSTOMER#01118162-00	418.13
DEPARTMENT TOTAL				418.13
FUND TOTAL				418.13

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0180-AIRPORT FUND EXPENDITURES				
RON LEWIS	82695	A	LINE SERVICE 9/15 TO 9/30 2013	750.00
DEPARTMENT TOTAL				750.00
FUND TOTAL				750.00

09/21/2013--FUND/DEPARTMENT/VENDOR INVOICE LISTING --- 0074 HOMELAND SECURITY GRANT: 2007 CYCLE: ALL PAGE 9
TIME:07:25 PM PREPARER:0011

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0174-HOMELAND SECURITY GRANT: 2007				
DELL MARKETING, L.P.	82698	A	OPTIPLEX 3011 ALL IN ONE	1,379.28
DEPARTMENT TOTAL				1,379.28
FUND TOTAL				1,379.28

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0195-EXPENDITURE				
BEN E. KEITH COMPANY	82408	A	BREAD, TURKEY FRANKS, CHICKEN ,ECT	2,680.26
BEN E. KEITH COMPANY	82409	A	PLAS CUP/BLEACH/DEGREASER/SOAP	589.72
BEN E. KEITH COMPANY	82801	A	FRUIT/CHIPS/ PASTA/ CEREAL	2,010.12
BEN E. KEITH COMPANY	82802	A	BREAD/BUNS/TURKEY FRANKS	1,710.05
BEN E. KEITH COMPANY	82803	A	CHILI/SAUSAGE/BEEF APPLES/POTATOES	2,529.05
BEN E. KEITH COMPANY	82804	A	BREAD/BEEF/SAUSAGE/CHICKEN	1,899.24
BEN E. KEITH COMPANY	82805	A	FOIL/GLOVES/SOAP/APRONS	280.31
BEN E. KEITH COMPANY	82806	A	CUTLERY	15.98
BEN E. KEITH COMPANY	82807	A	BLEACH/SOAP	288.62
BEN E. KEITH COMPANY	82808	A	PLATES/BAGS/GLOVES/BLEACH/SOAP	659.22
BEN E. KEITH COMPANY	82809	A	CUPS/FOIL/BLEACH/RINSE AID	160.55
BOB BARKER COMPANY, INC.	82810	A	CUST#PRETX0-8/31/13 STATEMENT	144.28
EAGLE PEST CONTROL	82811	A	PEST MANAGEMENT	75.00
MAYFIELD PAPER COMPANY	82813	A	ECOSOFT TOWEL	65.89
MAYFIELD PAPER COMPANY	82814	A	ECOSOFT TOWEL	65.89
MAYFIELD PAPER COMPANY	82815	A	LINERS/LYSOL/T.T./TOWELS	1,121.89
PLUMBMASTER INC	82816	A	SLOAN 3.5/WRENCH/LED FLASHLIGHT	138.04
PLUMBMASTER INC	82817	A	BREAKER NUT/ELBOW/SCORED TUBE	137.42
PRESCRIPTION SHOP	82818	A	PORRAS, MICAELA GARCIA	846.85
SOUTHWEST SECURITY ALARMS	82819	A	AUGUST 2013 MONTHLY LEASE	775.00
DEPARTMENT TOTAL				16,193.38
FUND TOTAL				16,193.38

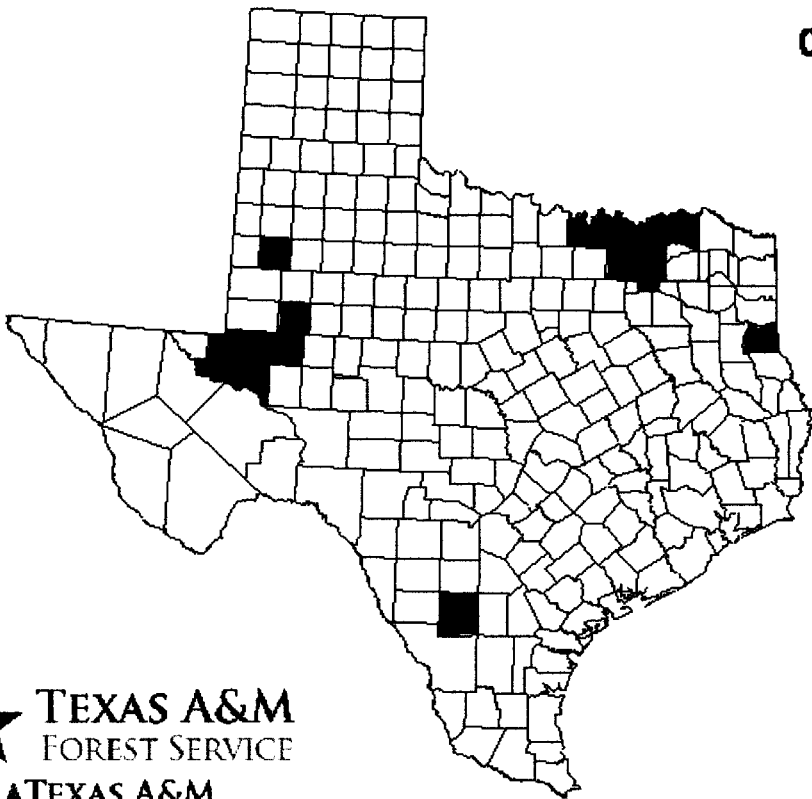
DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
GRAND TOTAL				56,002.70

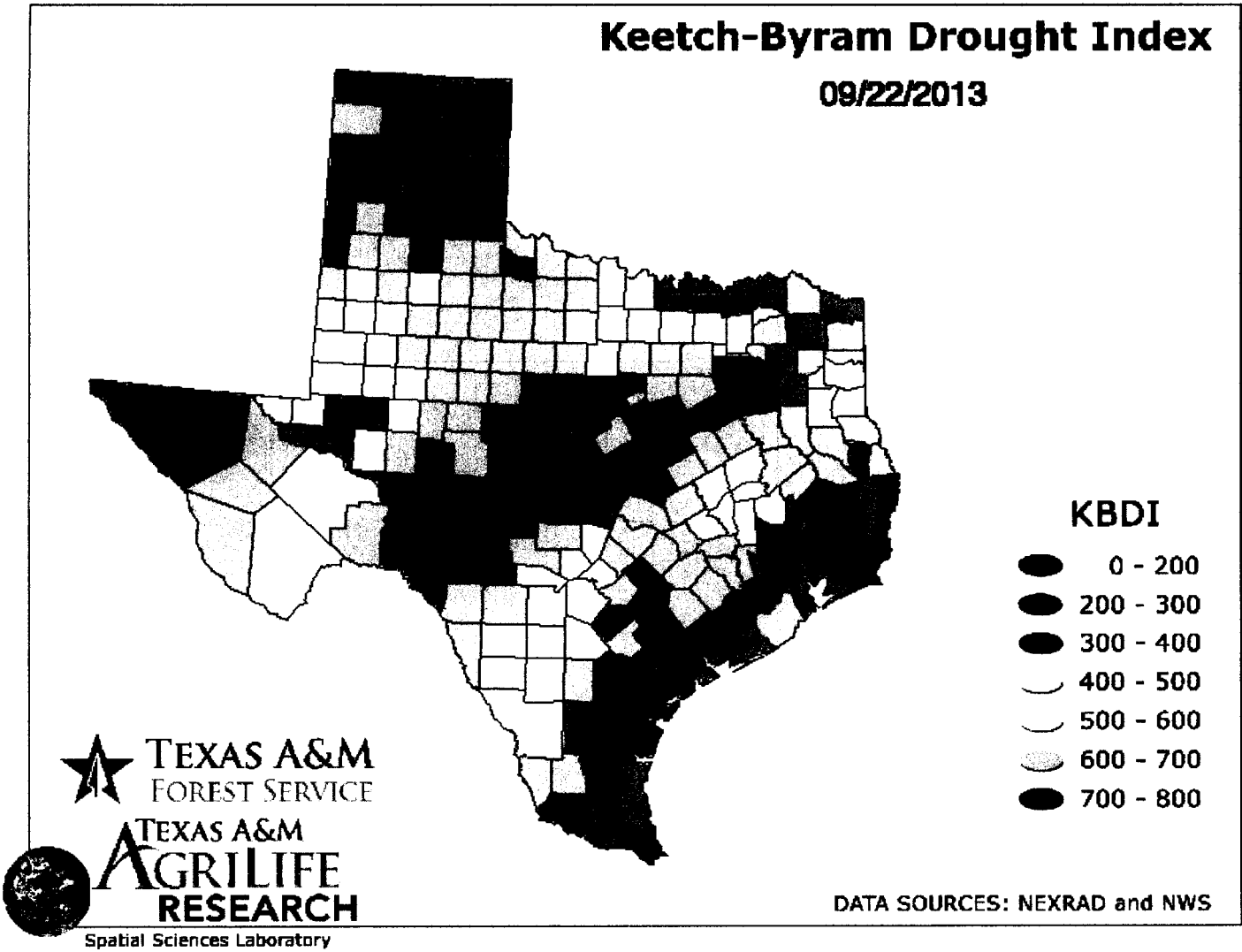
Keetch-Byram Drought Index

(Texas Counties with an average KBDI of 575 or higher)

09/22/2013

■ Cnty. Avg.
KBDI >= 575





elijuez@att.net

From: Patty Roach [p_roach@att.net]
Sent: Monday, September 23, 2013 11:37 AM
To: Paul Hunt
Subject: I & S analysis

Paul,

I've taken a look at your FY2013 I & S fund reconciliation and have the following comments:

- Based on the tax rates you provided, I agree that the amount of FY2013 ad valorem taxes that should be deposited to I&S is 13.240% of the actual collection. It appears that 21.69% has been going in to I&S during the year. (and possibly in prior years as well)
- Bank account deposits shown on your analysis are \$10,096.71 more that what is posted to the general ledger.
- There are other issues regarding transfers and payments between the General and I & S funds that need to be fully analyzed before proposing corrections. Some of these issues go back to FY2012.

To transfer the excess FY2013 deposits from I & S to General, you can make the following entry. This is a fairly conservative number, reducing your calculated excess deposits by the \$10,096.71 discrepancy referred to above. You will also need to physically transfer the funds from one bank account to the other.

Account	DR	CR
70-100-100 I&S AD VALOREM TAXES	111,033.93	
70-010-070 I&S CHECKING		111,033.93
10-010-010 GF CHECKING	111,033.93	
10-100-100 GF AD VALOREM TAXES		111,033.93

Please let me know if you have any questions.

Patty

Patricia Roach, CPA
Lannom & Roach, Certified Public Accountants
PO Box 1112
Fort Davis, TX 79734
432-426-3302 (Fort Davis)
432-837-7333 (Alpine)

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